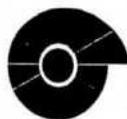


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination		Surname PARAMBATH																																																																																									
Date 29.03.2019		Forenames RAREENDRAN NGUYULLA																																																																																									
Address																																																																																											
Home telephone number																																																																																											
Employment No # 1282																																																																																											
If a dependant enter employee's name here:																																																																																											
Surname:		Forenames:																																																																																									
Birth date: 6/5/1977		Nationality: Indian																																																																																									
Relationship to employee		Number of children: 01																																																																																									
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced																																																																																									
<input type="checkbox"/> Pre-Employment		Job: Supervisor																																																																																									
<input type="checkbox"/> Pre-Overseas		Area:																																																																																									
Name and address of family doctor		List your last 3 jobs																																																																																									
		(1)																																																																																									
		(2)																																																																																									
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																									
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																											
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How much tobacco each day? 0		Average daily alcohol consumption no																																																																																									
Have you ever taken elicited drugs? No PDO test all new/potential employees for elicited/recreational drugs																																																																																											
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>																																																																																											
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-																																																																																											
I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.																																																																																											
Date: 29/3/19		Signature of Applicant: Henry																																																																																									

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
N	A											
<input checked="" type="checkbox"/>	1. Eyes & Pupils											
<input checked="" type="checkbox"/>	2. E.N.T.											
<input checked="" type="checkbox"/>	3. Teeth & Mouth											
<input checked="" type="checkbox"/>	4. Lungs & Chest											
<input checked="" type="checkbox"/>	5. Cardiovascular System											
<input checked="" type="checkbox"/>	6. Abdo. Viscera											
<input checked="" type="checkbox"/>	7. Hernial Orifices											
<input checked="" type="checkbox"/>	8. Anus & Rectum											
<input checked="" type="checkbox"/>	9. Genito-urinary											
<input checked="" type="checkbox"/>	10. Extremities											
<input checked="" type="checkbox"/>	11. Musculo-skeletal											
<input checked="" type="checkbox"/>	12. Skin & Varicose Vns.											
<input checked="" type="checkbox"/>	13. C.N.S.											
HEIGHT cm	WEIGHT kg	BM I	B.P. 130/ 90	PULSE 78/mins.	HEARING L R	VISION DISTANT R L R L				Colour Vision (N)	Blood Group	
173	81	29.01			Uncorrected Corrected	6/6	6/6	W/6	N/6			
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
	1. Urinalysis							7. Audiogram				
	2. Hb, Blood count, ESR							8. Lung Function				
	3. LFT, RFT, RBS							9. Chest X-Ray				
	4. Drug Screen							10. ECG				
	5. Lipids (40 years +)							11. CVS risk for 40 yrs. & above				
	6. Sickle Cell test							12. HIV, Hepatitis screening				

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

FRAMINGHAM RISK SCORE : 2%

ASSESSMENT:

- FIT ALL AREAS
- FIT WITH SPECIFIC RESTRICTION
- TEMPORARY UNFIT
- AWAITING SPECIALIST ASSESSMENT

Dyslipidemia
Adl life style modifications
To Rpv lip profile after 3 months

REVIEW/CONSULTATION

DATE: 02/04/19



SIGNATURE: