

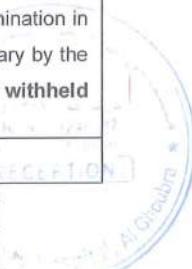


Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination NMC		Date 02/11/2023		Surname Gurjant Singh	
				Forenames Gurjant Singh	
				Address 976	
				Home telephone number	
If a dependant enter employee's name here: Surname: Singh		Forenames: India		Country of birth: India Religion: Sikh	
Birth date: 03/07/1985 Nationality: Indian		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children: 0	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced			
Reason for examination Pre-Employment		<input checked="" type="checkbox"/> Job: HOP			
Pre-Overseas		<input type="checkbox"/> 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.)					
Y		N		Y	
1. Sinus trouble		21. Cancer		HAVE YOU EVER BEEN:-	
2. Neck swelling/glands		22. Heart Disease		40. Rejected for employment or insurance for medical reasons	
3. Difficulty in vision		23. Rheumatic fever		41. Awarded benefits for industrial injury/illness	
4. Any ear discharge		24. Abnormal heartbeat		42. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis		25. High blood pressure		43. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy		26. Stroke		44. Exposed to toxic substance or noise	
7. Any skin trouble		27. Serious chest pain		FOR WOMEN ONLY	
8. Tuberculosis		28. Any blood disease		Have you ever had:-	
9. Shortness of breath		29. Kidney disease		45. An abnormal smear	
10. Coughed/vomited blood		30. Blood in urine		46. Any gynaecological treatment	
11. Severe abdominal pain		31. Diabetes		47. Are you pregnant?	
12. Stomach ulcer		32. Headaches/migraine		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
13. Recurrent indigestion		33. Dizziness/fainting			
14. Jaundice or hepatitis		34. Epilepsy			
15. Gall Bladder disease		35. Joints/spinal trouble			
16. Marked change in bowel habits		36. Surgical operation			
17. Blood in stools (motions)		37. Serious accident/fracture			
18. Marked change in weight		38. Tropical disease			
19. Varicose veins		39. Fear of heights			
20. Lump in breast/armpit					
How much tobacco each day? NO		Average daily alcohol consumption			
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: 02/11/2023		Signature of Applicant:			





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									
/		1. Eyes & Pupils								
/		2. E.N.T.								
/		3. Teeth & Mouth								
/		4. Lungs & Chest								
/		5. Cardiovascular System								
/		6. Abdo. Viscera								
/		7. Hernial Orifices								
/		8. Anus & Rectum								
/		9. Genito-urinary								
/		10. Extremities								
/		11. Musculo-skeletal								
/		12. Skin & Varicose Vns.								
/		13. C.N.S.								
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group
178 cm	85 kg	26.8	120 92	93	R > L		R L	R L	W	
N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
/		1. Urinalysis					/		7. Audiogram	
/		2. Hb, Bloodcount, 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.)

Candidology - TMT Report = Normal

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 02/11/2015 Name (Block Capitals): Dr. / Nurse

DR. SUMANT PAJANKAR
Specialist in Pulmonary Medicine
MBBS, MD (Respiratory Medicine)
MOH Lic. No: 15494
nmc specialty hospital, Al-Ghoubra





Framingham Risk Score for Hard Coronary Heart Disease

Estimates 10-year risk of heart attack.

INSTRUCTIONS

There are several distinct Framingham risk models. MDcalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in non-diabetic patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

When to Use ▾

Pearls/Pitfalls ▾

Age

53

years

Sex

Female

Male



Smoker

No



Yes

Total cholesterol

5.79

mmol/L

HDL cholesterol

1.41

mmol/L

Systolic BP

120

mm Hg

Blood pressure being treated with medicines

No



Yes

5.7 %

10-year risk of MI or death for this patient

10 %

Average 10-year risk of MI or death

Copy Results

Next Steps

