



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 Rajappan			
				Forenames Pradeep Paschathkal			
				Address			
				Home telephone number 1975			
If a dependant enter employee's name here:							
Surname: SQY		Forenames: Indian					
Birth date: SQY		Nationality: Indian		Country of birth: India			
<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"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
Reason for examination		Pre-Employment <input checked="" type="checkbox"/>		Job: HDP			
		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		N	
1. Sinus trouble		21. Cancer		40. Rejected for employment or insurance for medical reasons			
2. Neck swelling/glands		22. Heart Disease		41. Awarded benefits for industrial injury/illness			
3. Difficulty in vision		23. Rheumatic fever		42. Treated for a mental condition, e.g. depression			
4. Any ear discharge		24. Abnormal heartbeat		43. Treated for problem drinking or drug abuse			
5. Asthma/bronchitis		25. High blood pressure		44. Exposed to toxic substance or noise			
6. Hayfever /other significant allergy		26. Stroke		45. An abnormal smear			
7. Any skin trouble		27. Serious chest pain		46. Any gynaecological treatment			
8. Tuberculosis		28. Any blood disease		47. Are you pregnant?			
9. Shortness of breath		29. Kidney disease		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
10. Coughed/vomited blood		30. Blood in urine					
11. Severe abdominal pain		31. Diabetes					
12. Stomach ulcer		32. Headaches/migraine					
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?			Average daily alcohol consumption				
Have you ever taken elicited drugs? <input type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs							
FAMILY HISTORY:		Diabetes <input checked="" type="checkbox"/>	Tuberculosis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Asthma <input type="checkbox"/>	Eczema <input type="checkbox"/>	
		Heart disease <input checked="" type="checkbox"/>	High blood pressure <input type="checkbox"/>	Stroke <input type="checkbox"/>	Blood Disease <input type="checkbox"/>	Cancer <input checked="" type="checkbox"/> <i>father</i>	
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: <i>Pradeep Paschathkal</i>					



FOR COMPLETION BY EXAMINING				DOCTOR	OR	NURSE				
Further details of medical history and recreational activities										
				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	83	26.2	130/90	84	70/70		66		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.)										
S/No Cardiology - TMT Report = Normal										
ASSESSMENT:										
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT										
Date:	Name (Block Capitals): Dr. / Nurse				Signature:					
REVIEW/CONSULTATION <i>He is on anti diabetic drugs. - To continue</i>										
Date: <i>02/11/2023</i>	Name (Block Capitals): Dr. / Nurse				 DR. SOMANT PAJANKAR Specialist - Respiratory 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 35-79 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

52

years

Sex

Female

Male

Smoker

No

Yes

Total cholesterol

4.77

mmol/L 

HDL cholesterol

1.15

mmol/L 

Systolic BP

130

mm Hg

Blood pressure being treated with medicines

No

Yes

5.0 %

10-year risk of MI or death for this patient

10 %

Average 10-year risk of MI or death

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