

## Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petrochem Development Oman  
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname	Rajappan
Forenames	Pradeep Pasuvakkal
Address	
Home telephone number	1975

Place of examination	NMC	Date	02/11/2023
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If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 02/11/2023 Nationality: Indian Country of birth: India Religion: Hindu

☒ Male ☐ Female
 ☐ Married ☐ Single ☐ Separated /Divorced
 Relationship to employee: ☐ Wife ☐ Son ☐ Daughter
 Number of children:

Reason for examination: Pre-Employment ☒ Job: HDA

Pre-Overseas ☐ Area:

Name and address of family doctor: List your last 3 jobs

(1)

(2)

Are you a Registered Disabled Person? (UK only) ☐ Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>	<b>HAVE YOU EVER BEEN:-</b>		
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>	40. Rejected for employment or insurance for medical reasons		
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>	41. Awarded benefits for industrial injury/illness		
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>	42. Treated for a mental condition, e.g. depression		
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	43. Treated for problem drinking or drug abuse		
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>	44. Exposed to toxic substance or noise		
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>	<b>FOR WOMEN ONLY</b>		
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>	Have you ever had:-		
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>	45. An abnormal smear		
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>	46. Any gynaecological treatment		
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>	47. Are you pregnant?		
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>			
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>			
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>			
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>			
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>			
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>			
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>			
20. Lump in breast/armpit		<input checked="" type="checkbox"/>						

How much tobacco each day? Average daily alcohol consumption

Have you ever taken elicited drugs? PDO test all new/potential employees for elicited/recreational drugs

**FAMILY HISTORY:** Diabetes (+) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )  
Heart disease (+) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer (+) father

**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:







Search "QT interval" or "QT" or "EKG"

## 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 33-79 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

Copy Results

Next Steps

