

**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 <b>BADR AL SAMAA</b>	Date <b>26/10/2010</b>
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If a dependant enter employee's name here:

Surname: **Patton** Forenames: **BABU MINTON NASEEM**

Address: **101, Nizwa, Oman**

Home telephone number: **968 960 123456**

Birth date:	Nationality:	Country of birth:	Religion:
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Male  Female

Married  Single  Separated /Divorced

Relationship to employee:  
 Wife  Son  Daughter

Number of children: **0**

Reason for examination/Pre-Employment Job: **None**

Pre-Overseas Area: **None**

Name and address of family doctor:

List your last 3 jobs

(1)

(2)

Are you a Registered Disabled Person? (UK only) **None**

Do you belong to any Medical Insurance Scheme? **None**

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"/>	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>	40. Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>	41. Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>	42. Treated for a mental condition, e.g. depression		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	43. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
6. Hayfever/other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>	44. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>			
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>			
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>			
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>			
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>			
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>			
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? **None** PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes **None** Tuberculosis **None** Epilepsy **None** Asthma **None** Eczema **None**  
Heart disease **None** High blood pressure **None** Stroke **None** Blood Disease **None** Cancer **None**

**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: **26/10/2010**

Signature of Applicant:

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

**Dr B. VENKATESH KUMAR**  
CARDIOLOGIST  
MOH NO#14581



N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION										
N	A												
✓		1. Eyes & Pupils	Normal & Reactive										
✓		2. E.N.T.	DNS (Rt)										
✓		3. Teeth & Mouth	MM, SIn(+) no humor soft, m(+) normal										
✓		4. Lungs & Chest											
✓		5. Cardiovascular System											
✓		6. Abdo. Viscera											
✓		7. Hernial Orifices	normal										
✓		8. Anus & Rectum	normal										
✓		9. Genito-urinary	normal										
✓		10. Extremities	normal										
✓		11. Musculo-skeletal	normal										
✓		12. Skin & Varicose Vns.	normal										
✓		13. C.N.S.	normal										
HEIGHT cm		WEIGHT kg	BMI	B.P.	PULSE b2 mins.	HEARING L ✓ R ✓	DISTANT Uncorrected Corrected	VISION NEAR R L R L				Colour Vision (W)	Blood Group O+ve
162	70.5	26.9	124	86				b6	b6	nb	nb		
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A				
✓		1. Urinalysis			High Bg, hbg			✓		7. Audiogram			
✓		2. Hb, Bloodcount, ESR			PLC.					8. Lung Function			
✓		3. LFT, RFT, RBS			Tmt - Negative for					9. Chest X-Ray			
✓		4. Drug Screen			Stm, Adm, Ictants.			✓		10. ECG			
✓		5. Lipids (40 years +)			Tmt - Negative for					11. CVS risk for 40 yrs. & above			
✓		6. Sickle Cell test			Stm, Adm, Ictants.					12. HIV, Hepatitis screening			

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

Normal Tnm / Dyp on oral motation & dys.

ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

**FIT**

Date: 26/10/2020 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 26/10/2020 Name (Block Capitals): Dr. / Nurse Signature:



  
Dr. B. VENKATESH KUMAR  
CARDIOLOGIST  
MOH NO#14581

  
Dr. SAIDE V  
MBBS, DLO  
ENT SPECIALIST  
LICENCE NO. 9012