

2/10/01

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <p>Petrolium Development Oman MEDICAL DEPARTMENT</p> <p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		Surname MOHAMMAD AHMAD Forenames MOHAMMAD AHMAD Address MOHAMMAD AHMAD Home telephone number MOHAMMAD AHMAD Employment No # MOHAMMAD AHMAD																																																																																																																															
Place of exam nation MOHAMMAD AHMAD	Date:- 29/12/2021																																																																																																																																
If a dependant enter employee's name here: Surname: MOHAMMAD AHMAD Birth date: 10/01/1990 Nationality: BANGLADESH Country of birth: BANGLADESH Religion: MUSLIM <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: MOHAMMAD AHMAD																																																																																																																																	
Reason for examination	Pre-Employment	<input checked="" type="checkbox"/> Job: MOHAMMAD AHMAD <input type="checkbox"/> Pre-Overseas <input type="checkbox"/> Area: MOHAMMAD AHMAD																																																																																																																															
Name and address of family doctor		List your last 3 jobs (1) MOHAMMAD AHMAD (2) MOHAMMAD AHMAD																																																																																																																															
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.) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Y</th> <th style="width: 50%;">N</th> <th style="width: 50%;">Y</th> <th style="width: 50%;">N</th> <th style="width: 50%;">Y</th> <th style="width: 50%;">N</th> </tr> </thead> <tbody> <tr><td>1. Sinus trouble</td><td><input checked="" type="checkbox"/></td><td>21. Cancer</td><td><input checked="" type="checkbox"/></td><td colspan="2">HAVE YOU EVER BEEN:-</td></tr> <tr><td>2. Neck swelling/glands</td><td><input checked="" type="checkbox"/></td><td>22. Heart Disease</td><td><input checked="" type="checkbox"/></td><td>40. Rejected for employment or insurance for medical reasons</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>3. Difficulty in vision</td><td><input checked="" type="checkbox"/></td><td>23. 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How much tobacco each day? 5-6 cigarette		Average daily alcohol consumption NO																																																																																																																															
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs NO																																																																																																																																	
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema () <input checked="" type="checkbox"/> Heart disease () High blood pressure () Stroke () Blood Disease () Cancer ()																																																																																																																																	
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: MOHAMMAD AHMAD	Signature of Applicant: MOHAMMAD AHMAD																																																																																																																																



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	BM I	B.P.	PULSE 90/mins.	HEARING L R	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Colour Vision	Blood Group			
168	56.19	137	80/.		11	6/6	6/6	11	R	R		positive

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓	1. Urinalysis	1. Feces and stool showed (refr). for follow up.	✓	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.)

ASSESSMENT:

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

REVIEW/CONSULTATION

DATE: 30/12/2021

DOCTOR NAME: Dr. Christine

SIGNATURE:

Dr. CHRISTINE MANDOUH LOTFY ABDALLA
General Practitioner
MCU Lic. No. 17928
nmc specialty hospital, Al-Hail

