

2009

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <p>Petroleum Development Oman MEDICAL DEPARTMENT</p> <p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		Surname: <i>Mohammed Yousif</i> Forenames: <i>Mohammed Yousif</i> Address: <i>Al-Hall, 99/15/2021</i> Home telephone number: <i>050 123 4567</i> Employment No # <i>123456789</i>																																																																																																																												
Place of exam nation	Date:-																																																																																																																													
If a dependant enter employee's name here: Surname: <i>Mohammed Yousif</i> Forenames: <i>Mohammed Yousif</i> Birth date: <i>12/01/1985</i> Nationality: <i>BANGLADESH</i> Country of birth: <i>BANGLADESH</i> Religion: <i>MUSLIM</i> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married, <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: <i>1</i>																																																																																																																														
Reason for examination	Pre-Employment	<input checked="" type="checkbox"/> Job: <input type="checkbox"/> Pre-Overseas 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?																																																																																																																												
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																																																														
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HAVE YOU EVER BEEN:- 40. Rejected for employment or insurance for medical reasons 41. Awarded benefits for industrial injury/illness 42. Treated for a mental condition, e.g. depression 43. Treated for problem drinking or drug abuse 44. Exposed to toxic substance or noise																																																																																																																														
FOR WOMEN ONLY 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE																																																																																																																														
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 ()																																																																																																																														
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:		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	normal										
	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	B.P.	PULSE 72 mins.	HEARING L (O) R (O)	VISION DISTANT R L NEAR R L				Colour Vision	Blood Group
164		51.2	19	128/82		Uncorrected Corrected	6/6	6/6	6/6	6/6		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A				
✓		1. Urinalysis					✓		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:												
<input checked="" type="checkbox"/>	FIT ALL AREAS											
<input type="checkbox"/>	FIT WITH SPECIFIC RESTRICTION											
<input type="checkbox"/>	TEMPORARY UNFIT											
<input type="checkbox"/>	AWAITING SPECIALIST ASSESSMENT											
REVIEW/CONSULTATION												
DATE: 30/12/2021		DOCTOR NAME: Dr. Christine		SIGNATURE: DR. CHRISTINE MAMDOUH LOTFY ABDALLA								
				C.R. No: 1568137 Sultanate of Oman								
				RECEPTION								
				nmc speciality hospital Al-Hail								
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