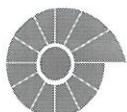


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL CONFIDENTIAL)

 <p>Petroleum Development Oman MEDICAL DEPARTMENT</p> <p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		Surname <i>Prudiyannalayakkal</i> Forenames <i>Tinshy shargas</i> Address Home telephone number Employment No # <i>111122</i>																																																																					
Place of examination	Date:- <i>11/11/22</i>																																																																						
If a dependant enter employee's name here:																																																																							
Surname: <i>Indian</i>		Forenames:																																																																					
Birth date:	Nationality: <i>Indian</i>	Country of birth:	Religion:																																																																				
<input 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	Relationship to employee Number of children:																																																																				
Reason for examination	Pre-Employment <input 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? <input type="checkbox"/>																																																																					
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																							
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How much tobacco each day? <i>5-6 mg day</i>		Average daily alcohol consumption <i>Occasional</i>																																																																					
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs																																																																							
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)																																																																							
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:- <p>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.</p>																																																																							
Date: <i>11/11/22</i>	Signature of Applicant: <i>[Signature]</i>																																																																						



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	B.P.	PULSE 77/mins.	HEARING L N R N	VISION DISTANT R L Uncorrected Corrected	NEAR R L N N	Colour Vision Normal	Blood Group B +ve
167	66.3	23	75						

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:

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

REVIEW/CONSULTATION

DATE: 12/1/2022 DOCTOR NAME: DR. NADIA FAHAD
General Practitioner
MOH Lic. No. 17
nmc speciality hospital, Al-Hail

DR. NADIA FAHAD
General Practitioner
MOH Lic. No. 17
nmc speciality hospital, Al-Hail



SIGNATURE