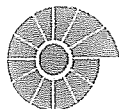


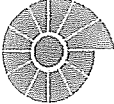
1.1 Appendix 32: EX1 Form (Initial Examination Report)

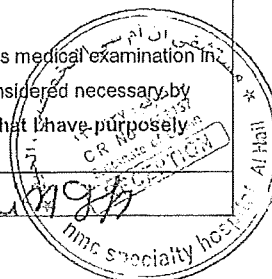
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Forenames	
		Address	
		Home telephone number	
		Employment No #	
Place of examination	Date:-		
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	Nationality:	Country of birth:	Religion:
<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:
Reason for examination	Pre-Employment <input checked="" type="checkbox"/> Job:		
	Pre-Overseas <input type="checkbox"/> 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.)			
	Y	N	
1. Sinus trouble			21. Cancer
2. Neck swelling/glands			22. Heart Disease
3. Difficulty in vision			23. Rheumatic fever
4. Any ear discharge			24. Abnormal heartbeat
5. Asthma/bronchitis			25. High blood pressure
6. Hayfever /other significant allergy			26. Stroke
7. Any skin trouble			27. Serious chest pain
8. Tuberculosis			28. Any blood disease
9. Shortness of breath			29. Kidney disease
10. Coughed/vomited blood			30. Blood in urine
11. Severe abdominal pain			31. Diabetes
12. Stomach ulcer			32. Headaches/migraine
13. Recurrent indigestion			33. Dizziness/fainting
14. Jaundice or hepatitis			34. Epilepsy
15. Gall Bladder disease			35. Joints/spinal trouble
16. Marked change in bowel habits			36. Surgical operation
17. Blood in stools (motions)			37. Serious accident/fracture
18. Marked change in weight			38. Tropical disease
19. Varicose veins			39. Fear of heights
20. Lump in breast/arm/pit			
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 dismlss 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
		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	R P	PULSE /mins.	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
168	76.5	24.1	145 98	88	L (N) R (N)	Uncorrected 6/6 Corrected 6/6	(N)	AB

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. Sickie 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

FIT

REVIEW/CONSULTATION

DATE.

24/01/2022

DOCTOR NAME.

Dr. Nardia

SIGNATURE.

Fahad

