

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

Place of examination <u>NMC AL HAIL</u>		Date:- <u>21-04-2021</u>		Surname <u>SULAYMAN</u>	
				Forenames <u>HAMOOD MOHSIN AL QANI</u>	
				Address	
				Home telephone number	
				Employment No #	
If a dependant enter employee's name here:					
Surname:			Forenames:		
Birth date: <u>16-10-1982</u>		Nationality: <u>OMANI</u>		Country of birth:	
Religion:		Relationship to employee		Number of children: <u>4</u>	
☒ Male ☐ Female		☒ Married ☐ Single ☐ Separated /Divorced		☐ Wife ☐ Son ☐ Daughter	
Reason for examination		Pre-Employment ☐ Job:			
		Pre-Overseas ☐ Area:			
Name and address of family doctor			List your last 3 jobs		
			(1)		
			(2)		
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.)					
	Y	N		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/armpit		☒			
How much tobacco each day? <u>N/D</u>			Average daily alcohol consumption <u>N/D</u>		
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:-					
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: <u>22/04/2021</u>		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 154 cm	WEIGHT 74.9 kg	BM I	B.P. $\frac{126}{83}$	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group								
						<table border="1"> <tr> <td>R</td> <td>L</td> <td>R</td> <td>L</td> </tr> <tr> <td>6/6</td> <td>6/6</td> <td></td> <td></td> </tr> </table>	R	L	R	L	6/6	6/6				
R	L	R	L													
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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: 24-4-2021

DOCTOR NAME:

Dr. Christine

SIGNATURE

DR. CHRISTINE MAMDOUH LOTFY ABDALLA
General Practitioner
MOH P.C. No: 17978
Specialty Hospital, Al-Hail