2018.

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

Surname	MAMUN
Forenames	Mohammed
Address	
Home telephone number	
Employment No #	ARABIAN

Place of examination: NMC-07	Date:- 03/1/22

If a dependant enter employee's name here:
Surname: Forenames:

Birth date:	Nationality: Bangladesh	Country of birth: Bangladesh	Religion: Muslim
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:

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		Y	N
1. Sinus trouble			21. Cancer			**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands			22. Heart Disease			40. Rejected for employment or insurance for medical reasons		
3. Difficulty in vision			23. Rheumatic fever			41. Awarded benefits for industrial injury/illness		
4. Any ear discharge			24. Abnormal heartbeat			42. Treated for a mental condition, e.g. depression		
5. Asthma/bronchitis			25. High blood pressure			43. Treated for problem drinking or drug abuse		
6. Hayfever /other significant allergy			26. Stroke			44. Exposed to toxic substance or noise		
7. Any skin trouble			27. Serious chest pain			**FOR WOMEN ONLY**		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			45. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			46. Any gynaecological treatment		
11. Severe abdominal pain			31. Diabetes			47. Are you pregnant?		
12. Stomach ulcer			32. Headaches/migraine			48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? Average daily alcohol consumption nil

Have you ever taken elicited drugs? (Nil PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: No 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: 03/01/2022 **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	Normal
✓		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	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
166	55		114/70	80 /mins.	L 6/6 R 6/6	Uncorrected	6/6	20/20		19	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	SGPT - N	✓		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: 05/01/2022 DOCTOR NAME: DR. SUMANT PAJANKAR Specialist - Respiratory Medicine MBBS, MD (Respiratory Medicine) MOH Lic. No: 15494 nmc specialty hospital, Al-Ghoubra SIGNATURE:

مستشفى ان ام سي التخصصي - الغبرة
س.ت رقم: ١٢٤٨٣٨٧
C.R. No: 1248387
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Ghoubra