

# 6622

(12)

## 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 <b>Srinivas Sanabing</b>					
Forenames					
Address					
Home telephone number					
Employment No # <b>6622</b>					
Place of examination <b>Adum</b>	Date <b>29/3/19</b>				
If a dependant enter employee's name here:					
Surname:					
Forenames:					
Birth date: <b>16-5-1983</b>	Nationality: <b>Indian</b>				
Country of birth:					
Religion:					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced				
Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Number of children:					
Reason for examination	Pre-Employment <input type="checkbox"/> Job: <b>workshop coordinator</b>				
	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	Y	N	Y	N
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>HAVE YOU EVER BEEN:-</b>	
1. Sinus trouble		21. Cancer		40. Rejected for employment or insurance for medical reasons	<input checked="" type="checkbox"/>
2. Neck swelling/glands		22. Heart Disease		41. Awarded benefits for industrial injury/illness	<input checked="" type="checkbox"/>
3. Difficulty in vision		23. Rheumatic fever		42. Treated for a mental condition, e.g. depression	<input checked="" type="checkbox"/>
4. Any ear discharge		24. Abnormal heartbeat		43. Treated for problem drinking or drug abuse	<input checked="" type="checkbox"/>
5. Asthma/bronchitis		25. High blood pressure		44. Exposed to toxic substance or noise	<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		26. Stroke		<b>FOR WOMEN ONLY</b>	
7. Any skin trouble		27. Serious chest pain		Have you ever had:-	
8. Tuberculosis		28. Any blood disease		45. An abnormal smear	<input checked="" type="checkbox"/>
9. Shortness of breath		29. Kidney disease		46. Any gynaecological treatment	
10. Coughed/vomited blood		30. Blood in urine		47. Are you pregnant?	
11. Severe abdominal pain		31. Diabetes		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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 <b>2013</b>			
16. Marked change in bowel habits		36. Surgical operation <b>2013</b>			
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/ampit					
How much tobacco each day? <b>no</b>		Average daily alcohol consumption <b>no</b>			
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/>					
Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>					
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: <b>29/3/19</b>		Signature of Applicant: <b>S. Ang</b>			

**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	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
170	46		120/80	78		R L R L 46/46 46/46	N	

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.)

PH of Appendectomy 2013 in RH.

→ Framingham Risk Score: 0% Hypertension, Diabetes, Adiposity, Mental.

**ASSESSMENT:**

- ☒ FIT ALL AREAS
- ☐ FIT WITH SPECIFIC RESTRICTION
- ☐ TEMPORARY UNFIT
- ☐ AWAITING SPECIALIST ASSESSMENT

**REVIEW/CONSULTATION**

DATE: 02/04/19

DOCTOR NAME:

**Dr. P. SUDHAKAR**  
B.Sc., MBBS, DCH (Glasgow)  
Sr. Medical Officer  
MOH Lic. #: 11526  
APOLLO HOSPITAL MUSCAT

SIGNATURE: