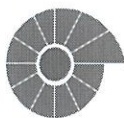


## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Petroleum Development Oman MEDICAL DEPARTMENT		Surname	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		TAHIR JAMIL	
		Forenames	
		MUHAMMAD	
Address		Home telephone number	
Employment No #			
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: 20/02/1988		Nationality: PAKISTAN	
Country of birth:		Religion:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	
Relationship to employee		Number of children:	
<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
Reason for examination		Job:	
Pre-Employment <input type="checkbox"/> 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	
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? NO		Average daily alcohol consumption NO	
Have you ever taken elicited drugs? (X) PDC 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 PDC reserve the right to dismiss me if it was found that I have purposely withheld important medical information.			
Date: 05-05-2021		Signature of Applicant: Tahir JAMIL	

**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	WEIGHT	BM	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
177 cm	120.5 kg	38	135/80	88 /mins.	L N R N	DISTANT R L Uncorrected 6/6 6/6 Corrected 6/6 6/6	Normal	O +ve

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



**REVIEW/CONSULTATION**

DATE: 09/05/2021

DOCTOR NAME:

DR. MUHAMMAD KAMRAN.

SIGNATURE:

*[Handwritten Signature]*

DR. MUHAMMAD KAMRAN  
General Practitioner  
MOH Lic. No: 7638  
nmc specialty hospital, Al-Hail