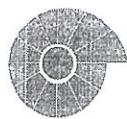


## 1.1 Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



#### Petroleum Development Oman MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination Muscat		Date:- 13/3/2022	Surname Forenames Address Home telephone number Employment No #		
If a dependant enter employee's name here: Surname: Forenames: Birth date: Nationality: Country of birth: Religion: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input 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 Pre-Overseas		Job: 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		45. Have you ever had:-	
9. Shortness of breath		29. Kidney disease		46. An abnormal smear	
10. Coughed/vomited blood		30. Blood in urine		47. Any gynaecological treatment	
11. Severe abdominal pain		31. Diabetes		48. Are you pregnant?	
12. Stomach ulcer		32. Headaches/migraine		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		
Have you ever taken elicited drugs? (X) . 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: 13/3/2022		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			Ptosis/gium in both Eyes.									
✓		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	B.P.	PULSE 90/mins.	HEARING L R	VISION DISTANT R L R L Uncorrected 6/6 Corrected 6/6				NEAR N N	Colour Vision N	Blood Group	
175	72.7	23	143	92										
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:

15/03/22

DOCTOR NAME:

Dr. Masood

SIGNATURE:



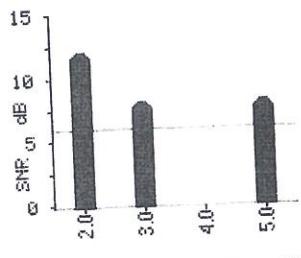
## AUDIOLOGY REPORT

Name of the Patient Lebed Tareeb Ali AL Quraishi  
Age 29 Sex M MRN 50072025 Date of Test 13/3/2022

U107.05  
13-MAR-22 12:47  
DP 2s 2 sec avg  
SN: GI1005649/GI2006239

NAME: \_\_\_\_\_

Right: Pass

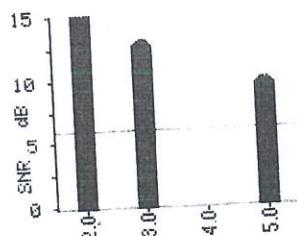


F2	L1	L2	DP	NF	SNR	P
2.0	65	55	4	-8	12	P
3.0	65	55	-8	-15	8	P
4.0	66	55	-20	-17	3	P
5.0	65	55	-11	-19	8	P

U107.05  
13-MAR-22 12:49  
DP 2s 2 sec avg  
SN: GI1005649/GI2006239

NAME: \_\_\_\_\_

Left: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	65	55	-8	-12	19	P
3.0	65	55	-7	-19	13	P
4.0	65	55	-20	-18	12	P
5.0	65	55	-10	-20	10	P

