

#6629

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

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b>		Surname Forenames <b>BINO VIJAYAN</b> Address Home telephone number Employment No # <b>6629</b>																																																																																																																																																				
Place of examination Date <b>28.03.2019</b>		PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS																																																																																																																																																				
If a dependant enter employee's name here: Surname: Birth date: <b>20.05.1974</b> Nationality: <b>INDIAN</b>		Forenames: Country of birth: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter																																																																																																																																																				
Reason for examination Pre-Employment <input type="checkbox"/> Job: Pre-Overseas <input type="checkbox"/> Area: <b>Supervisor</b>		Relationship to employee Number of children: <b>03</b>																																																																																																																																																				
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.)																																																																																																																																																						
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<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> <p>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.</p>																																																																																																																																																						
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