Petroleum Development Oman LLC	Revision: 5.0 Effective: January 2022

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	ESTER RAJ
	Forenames	PETER GNANARAJ
	Address	
	Home telephone number	

Place of examination NMC AL HAIL Date 21/09/2~	

If a dependant enter employee's name here:

Surname:	Forenames:

Birth date: 21/05/87	Nationality: INDIAN	Country of birth:	Religion:

[✓] 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) [X]   Do you belong to any Medical Insurance Scheme? [X]

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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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:	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	NAD
✓		2. E.N.T.	NAD
✓		3. Teeth & Mouth	NAD
✓		4. Lungs & Chest	B/L chest is clear.
✓		5. Cardiovascular System	S₁+S₂+O.
✓		6. Abdo. Viscera	No
✓		7. Hernial Orifices	NAD
✓		8. Anus & Rectum	NAD
✓		9. Genito-urinary	NAD
✓		10. Extremities	NAD
✓		11. Musculo-skeletal	NAD
✓		12. Skin & Varicose Vns.	Normal
✓		13. C.N.S.	Intact.

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
185 cm	74 kg	21·6	113/73	53/mins.	L R		DISTANT	NEAR		Normal	
						Uncorrected Corrected	R 6/6 L 6/6	R N L N			

N	A			LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			✓		7. Audiogram
✓		2. Hb, Bloodcount, 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.)

ECG showed Sinus Bradycardia and. Audiometry report attached. Take opinion 2 ENT regarding changes in Audiometry

ASSESSMENT:

[✓] FIT ALL AREAS [ ] FIT WITH RESTRICTION [ ] TEMPORARY UNFIT [ ] UNFIT

Date: 21/09/2022 Name (Block Capitals): Dr. / Nurse DR. MUHAMMAD KAMRAN Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature: