

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

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b> PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <b>PPILAY</b> Forenames <b>VIJU MANDA</b> Address Home telephone number Employment No #																																																																									
Place of examination <b>NMC AL HAIR</b>	Date:- <b>01/11/2022</b>																																																																										
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: <b>80/1/1976</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	<b>Relationship to employee</b> <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children:																																																																								
Reason for examination Pre-Employment <input type="checkbox"/> Job: _____ 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.)																																																																											
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How much tobacco each day? <b>None</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																																																																											
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<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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>11/11/2022</b>	Signature of Applicant: <b>Viju Manda</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		B/P Unorrected vision 6/6. (Presbyopia)								
✓		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. 184 124	PULSE 72/mins.	HEARING L N R N	VISION DISTANT R L Uncorrected 6/6 Corrected 6/6				NEAR R L N N	Colour Vision Normal	Blood Group
159	66	26.1										
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:	
<input checked="" type="checkbox"/>	FIT ALL AREAS
<input type="checkbox"/>	FIT WITH SPECIFIC RESTRICTION
<input type="checkbox"/>	TEMPORARY UNFIT
<input type="checkbox"/>	AWAITING SPECIALIST ASSESSMENT
<b>FIT</b> - High B/P noticed, started treatment yesterday by Dr. Erfan Cardiologist  	
REVIEW/CONSULTATION	
DATE: 21/11/2022	DOCTOR NAME: Dr. CHRISTINE MANDOUH LOTFY ABDALLA, General Practitioner, MOH Lic. No. 17978, nmc specialty hospital, Al-Hall
SIGNATURE: Dr. Christine	