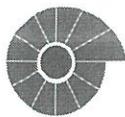


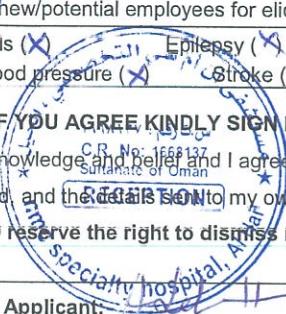
1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination NMC AL HAIL		Date:- 01/11/2022	Surname HUSSAIN Forenames IRFAN Address Home telephone number 90483272 Employment No # 2048																																																																																																												
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: 14/08/1982 Nationality: PAKISTANI Country of birth: PAKISTAN Religion: ISLAM .				Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children: 2																																																																																																										
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced																																																																																																														
Reason for examination Pre-Employment		Job: TIREMAN . (Gardening)		Pre-Overseas	Area:																																																																																																										
Name and address of family doctor		List your last 3 jobs (1) Tire man (2) Tire man																																																																																																													
Are you a Registered Disabled Person? (UK only)		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? 3-4 Cig/day		Average daily alcohol consumption NO.																																																																																																													
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> RDO test all new/potential employees for elicited/recreational drugs																																																																																																															
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Date: 01/11/2022 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		R.F. 6/12 (L) 6/9, uncorrected.									
✓		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 cm	WEIGHT kg	BM I	B.P. 118 36 .4	PULSE 56/mins.	HEARING L N R N	VISION DISTANT R L R L Uncorrected 6/12 6/9 N N Corrected			Colour Vision	Blood Group		
180	118	36	99						Noral			
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: 21/11/2022

DOCTOR NAME: Dr. Christine

SIGNATURE:

