

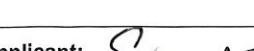
1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname Forenames SAJJAD MUSSAİN MUSTHAQ Address Home telephone number Employment No #																																																																																																								
Place of examination NMC AL-HAIL	Date:- 30/10/2022																																																																																																									
If a dependant enter employee's name here: Surname: Forenames: Birth date: 01/06/1985 Nationality: PAKISTAN 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	Relationship to employee		Number of children: 3																																																																																																						
Reason for examination	Pre-Employment	<input type="checkbox"/> Job:																																																																																																								
	Pre-Overseas	<input type="checkbox"/> Area:																																																																																																								
Name and address of family doctor PDO clinic .	List your last 3 jobs (1) (2)																																																																																																									
Are you a Registered Disabled Person? (UK only) No	Do you belong to any Medical Insurance Scheme? No																																																																																																									
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? No	Average daily alcohol consumption No																																																																																																									
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs No																																																																																																										
FAMILY HISTORY: Diabetes (Mother) Tuberculosis () Heart disease () High blood pressure () Epilepsy () Asthma () Eczema () Malaria () Stroke () P. No. 1668137 Sultana Hospital Hail																																																																																																										
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: 10/10/2022	Signature of Applicant: 																																																																																																									

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

		PHYSICAL EXAMINATION											
N	A												
		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 190cm	WEIGHT 123 kg	BM 42.5	B.P. 148 95	PULSE 96 /mins.	HEARING L R	JN	Uncorrected	VISION DISTANT R L	6/6 6/6	NEAR R L	N N	Colour Vision N	Blood Group

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
		1. Urinalysis Protein (++) 2. Hb, Blood count, ESR → High ESR. 3. LFT, RFT, RBS 4. Drug Screen 5. Lipids (40 years +) High Cholesterol. 6. Sickle Cell test						7. Audiogram 8. Lung Function 9. Chest X-Ray 10. ECG 11. CVS risk for 40 yrs. & above 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
<p>RECEPTION</p> <p>nmc specialty hospital, Al Hail</p> <p>رقم: ١١٦١٧ C.R. No: 166137 Sultanate of Oman</p>	
<p>DATE: 30/10/2022 DOCTOR NAME: DR. SHIVA KUMAR SIDDAIAH</p> <p>SIGNATURE:</p>	

