

1.1 Appendix 32: EX1 Form (Initial Examination Report)

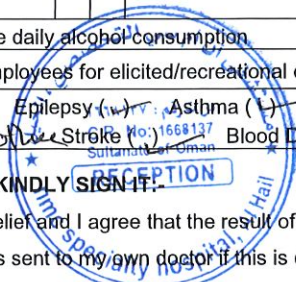
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Forenames SAJJAD MUSSAIN MUSTHAQ	
Address		Home telephone number	
Employment No #		Date:- 30/10/2022	
Place of examination NMC AL-HAIL		Date:- 30/10/2022	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: 01/06/1980		Nationality: Pakistani	Country of birth:
Religion:	Relationship to employee	Number of children: 3	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Job:	
Pre-Employment <input type="checkbox"/>		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) <input checked="" type="checkbox"/> NO		Do you belong to any Medical Insurance Scheme? <input checked="" type="checkbox"/> NO	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	Y	N	Y
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights
20. Lump in breast/arnpit		<input checked="" type="checkbox"/>	
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 (Father) Tuberculosis (✓) Epilepsy (✓) Asthma (✓) Eczema ()			
Heart disease (✓) High blood pressure (No) Stroke (No) Blood Disease (✓) Cancer (✓)			
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: [Signature]	



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	
/		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 170cm	WEIGHT 123kg	BM 42.5	B.P. 148 95	PULSE 96/min.	HEARING L ? R ?	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Colour Vision N	Blood Group
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N		A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N		A	
	/	1. Urinalysis	protein ⊕			/		7. Audiogram	
	/	2. Hb, Blood count, ESR	→ High ESR.			/		8. Lung Function	
/		3. LFT, RFT, RBS						9. Chest X-Ray	
		4. Drug Screen				/		10. ECG	
	/	5. Lipids (40 years +)	Hypolipidemia.			/		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

FIT → Needs further evaluation in view of proteinuria and elevated ESR.

REVIEW/CONSULTATION

Needs medication for Dyslipidemia on factor of life style modification.

DATE: 30/10/2022 DOCTOR NAME: DR. SHIVA KUMAR SIDDIAH
 Signature: *[Signature]*
 DR. SHIVA KUMAR SIDDIAH
 General Practitioner
 MOH Lic. No: 5070
 nmc speciality hospital, Al Hail