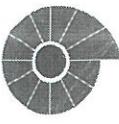
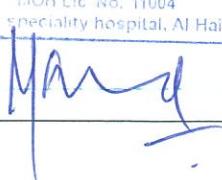


## 1.1 Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <p>Petroleum Development Oman MEDICAL DEPARTMENT</p> <p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		<p>Surname <u>AL - Rumaihi</u></p> <p>Forenames <u>Sana Sabiha Naeem</u></p> <p>Address</p> <p>Home telephone number</p> <p>Employment No #</p>																																																																																																																															
Place of examination <u>PMC - Wadi</u>	Date - <u>30/06/2022</u>																																																																																																																																
<p>If a dependant enter employee's name here:</p> <table border="1"> <tr> <td>Surname:</td> <td>Forenames:</td> </tr> <tr> <td>Birth date: <u>25/06/78</u></td> <td>Nationality: <u>Oman</u></td> <tr> <td>Male <input checked="" type="checkbox"/></td> <td>Female <input type="checkbox"/></td> </tr> <tr> <td>Married <input checked="" type="checkbox"/></td> <td>Single <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Separated /Divorced <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Relationship to employee</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter</td> </tr> <tr> <td colspan="2">Number of children: <u>8</u></td> </tr> </tr></table>				Surname:	Forenames:	Birth date: <u>25/06/78</u>	Nationality: <u>Oman</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	Married <input checked="" type="checkbox"/>	Single <input type="checkbox"/>	Separated /Divorced <input type="checkbox"/>		Relationship to employee		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children: <u>8</u>																																																																																																															
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Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																															
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<p>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</p> <p>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.</p>																																																																																																																																	
Date: <u>30/06/2022</u>		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														
		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 177 cm		WEIGHT 102 kg	BM 32.6	B.P. 135/93	PULSE 66 /mins.	HEARING L R	VISION			Colour Vision	Blood Group					
						Uncorrected Corrected	DISTANT R L	NEAR R L								
							6/6	6/6								
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																
 																
REVIEW/CONSULTATION																
DATE: 31/10/22 DOCTOR NAME: Dr. Masood SIGNATURE:  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           DR. MASOOD SIDDIQUE            General Practitioner            MOH Lic No. 11004            nmc specialty hospital, Al Hail         </div>																