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 AL BUSAIDI

Forenames AMMAR KHALID MOHAMMED

Address

Home telephone number

Employment No #

Place of examination: PDO AL HOUK

Date:- 02/11/2022

If a dependant enter employee's name here:

Surname

Forenames

Birth date: 28/04/1994 Nationality: OMANI Country of birth: OMAN Religion: ISLAM.

Male / Female | Married / Single / Separated /Divorced | Relationship to employee: Wife / Son / Daughter N/A | Number of children: 0

Reason for examination: Pre-Employment ☐ Job:

Pre-Overseas ☐ Area:

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)

Are you a Registered Disabled Person? (UK only) ☐ Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓			
19. Varicose veins		✓	39. Fear of heights		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
20. Lump in breast/armpit		✓						

How much tobacco each day? NIL Average daily alcohol consumption NIL

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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:**

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

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
	✓	1. Eyes & Pupils	Rt. Eye 6/9 ; (Lt) Eye 6/24 ; Uncorrected.
✓		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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
179 cm	70 kg	21.8	126/82	69 /mins.	L Normal R Normal	DISTANT R 6/9 L 6/24 NEAR R N L N Uncorrected Corrected	Normal	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	sickle cell (+ve)	✓		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 17/12/2022
- [ ] FIT WITH SPECIFIC RESTRICTION
- [ ] TEMPORARY UNFIT
- [✓] AWAITING SPECIALIST ASSESSMENT

DR. NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 16847
nmc speciality hospital, Al-Hail

FIT

sickle cell (+ve) requires Hb electrophoresis follow up with specialist.

17/12/2022
- Reviewed the patient
- Hb electrophoresis – sickle cell trait
- No medication required
- Avoid dehydration, monitor Hb.
- Fit to continue work

REVIEW/CONSULTATION

DATE: 6/11/2022 DOCTOR NAME: Dr. Christy SIGNATURE

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