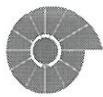


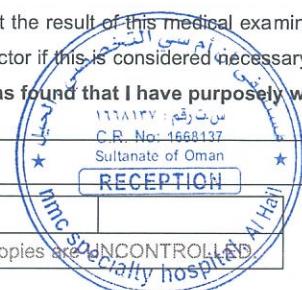


Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination NMC HALL		Date	Surname HARIDAS																																																																																	
			Forenames ANISH																																																																																	
			Address																																																																																	
			Home telephone number 971583350																																																																																	
If a dependant enter employee's name here: Surname: HARIDAS		Forenames: ANISH																																																																																		
Birth date: 20/01/1980		Nationality: INDIAN	Country of birth: INDIA	Religion: HINDU																																																																																
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children: —																																																																																
Reason for examination		Pre-Employment <input type="checkbox"/> Job: <input type="checkbox"/>	Pre-Overseas <input type="checkbox"/> Area: <input type="checkbox"/>																																																																																	
Name and address of family doctor		List your last 3 jobs (1) (2)																																																																																		
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		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?		Average daily alcohol consumption																																																																																		
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																				
FAMILY HISTORY: Diabetes (<input checked="" type="checkbox"/>) Tuberculosis (<input checked="" type="checkbox"/>) Epilepsy (<input checked="" type="checkbox"/>) Asthma (<input checked="" type="checkbox"/>) Eczema (<input checked="" type="checkbox"/>) Heart disease (<input checked="" type="checkbox"/>) High blood pressure (<input checked="" type="checkbox"/>) Stroke (<input checked="" type="checkbox"/>) Blood Disease (<input checked="" type="checkbox"/>) Cancer (<input checked="" type="checkbox"/>) 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: 10/01/2022	Signature of Applicant: Anish																																																																																			





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. F 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	BMI	B.P. 129 75	PULSE 60/mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT		NEAR		Colour Vision	Blood Group
							R	L	R	L		
179	57.4	17.91										

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
								DISTANT	NEAR	Colour Vision	Blood Group
✓		1. Urinalysis				✓		7. Audiogram			
✓		2. Hb, Bloodcount, 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 RESTRICTION TEMPORARY UNFIT UNFIT

8/12/2022

Date: Name (Block Capitals): Dr. / Nurse Dr. Christen

DR CHRISTEN MANDOUH
General Practitioner
MOH Lic No. 17976
nmc specialty hospital Al Hall

Signature: Dr. Christen MANDOUH

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse

