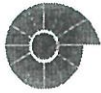




## Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Surname <b>AL MAANI</b>		Forenames <b>NASSER MUHAMMED</b>	
Address		Home telephone number <b>97073321</b>	
Place of examination <b>NMC HAIL</b>	Date <b>8/02/23</b>		
If a dependant enter employee's name here: Surname: <b>AL MAANI</b> Forenames: <b>NASSER MUHAMMED</b>			
Birth date:	Nationality: <b>OMAN</b>	Country of birth: <b>OMAN</b>	Religion: <b>MUSLIM</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children: <b>4</b>
Reason for examination Pre-Employment <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: <b>DRIVER</b> Area:	
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.)			
Y N		Y N	
1. Sinus trouble		21. Cancer	
2. Neck swelling/glands		22. Heart Disease	
3. Difficulty in vision		23. Rheumatic fever	
4. Any ear discharge		24. Abnormal heartbeat	
5. Asthma/bronchitis		25. High blood pressure	
6. Hayfever/other significant allergy		26. Stroke	
7. Any skin trouble		27. Serious chest pain	
8. Tuberculosis		28. Any blood disease	
9. Shortness of breath		29. Kidney disease	
10. Coughed/vomited blood		30. Blood in urine	
11. Severe abdominal pain		31. Diabetes	
12. Stomach ulcer		32. Headaches/migraine	
13. Recurrent indigestion		33. Dizziness/fainting	
14. Jaundice or hepatitis		34. Epilepsy	
15. Gall Bladder disease		35. Joints/spinal trouble	
16. Marked change in bowel habits		36. Surgical operation	
17. Blood in stools (motions)		37. Serious accident/fracture	
18. Marked change in weight		38. Tropical disease	
19. Varicose veins		39. Fear of heights	
20. Lump in breast/armpit			
How much tobacco each day? <b>5-6/day</b>		Average daily alcohol consumption <b>last time consumed</b>	
Have you ever taken illicit drugs? <b>(X)</b> PDO test all new/potential employees for illicit/recreational drugs			
FAMILY HISTORY: Diabetes ( <b>(X)</b> ) Tuberculosis ( <b>(X)</b> ) Epilepsy ( <b>(X)</b> ) Asthma ( <b>(X)</b> ) Eczema ( <b>(X)</b> ) Heart disease ( <b>(X)</b> ) High blood pressure ( <b>(X)</b> ) Stroke ( <b>(X)</b> ) Blood Disease ( <b>(X)</b> ) Cancer ( <b>(X)</b> )			
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: <b>[Signature]</b>		





FOR COMPLETION BY EXAMINING DOCTOR OR NURSE	
Further details of medical history and recreational activities	
N = Normal A = Abnormal (please describe)	
N A	
1. Eyes & Pupils	
2. E.N.T.	
3. Teeth & Mouth	
4. Lungs & Chest	
5. Cardiovascular System	
6. Abdo. Viscera	
7. Genital Orifices	
8. Anus & Rectum	
9. Genito-urinary	
10. Extremities	
11. Musculo-skeletal	
12. Skin & Varicose Vns.	
13. C.N.S.	
HEIGHT cm	WEIGHT kg
165	81
BMI	B.F.
29.7	134/87
PULSE	HEARING
78 /mins.	L R
VISION	COLOUR Vision
DISTANT NEAR	Blood Group
R L R L	
Uncorrected Corrected	
6/6 6/6 N N	N
N A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
1. Urinalysis	7. Audiogram
2. Hb, Blood count, ESR	8. Lung Function
3. LFT, RF, FBS	9. Chest X-Ray
4. Drug Screen	10. ECG
5. Lipids (40 years +)	11. CVS risk for 40 yrs. & above
6. Sickie 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 RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT	
Date: 8/2/23 Name (Block Capitals): Dr. / Nurse Signature: [Signature]	
REVIEW/CONSULTATION	
Date: 12/2/23 Name (Block Capitals): Dr. / Nurse Signature: [Signature]	