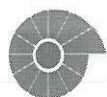



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petrochem Development Oman
MEDICAL DEPARTMENT**

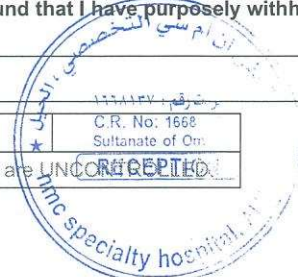
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname AL SULEIMANI	
Forenames ABDULLAH MOHAMMED JUMA	
Address	
Place of examination NMC AL HAIL	Date 20-06-23
Home telephone number 99169878	
If a dependant enter employee's name here:	
Surname.	Forenames.
Birth date: 05-12-1970	Nationality: Omani
Country of birth: OMAN	Religion: MUSLIM
<input checked="" 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: 13	
Reason for examination	Pre-Employment <input type="checkbox"/> Job: CLERK
	Pre-Overseas <input type="checkbox"/> 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
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? Yes - 1 pack/day	
Average daily alcohol consumption NO	
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 () Epilepsy () Asthma () Eczema ()	
Heart disease () High blood pressure () Stroke () 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: 20-06-23	Signature of Applicant: 

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Specification

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activitiesH/o surgery (colon/Bladder) 10 years ago.
Road traffic accident - 17 years ago → # facial bone.

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.

With in Normal Range.

Surgical Scar - abdomen & face (f)

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
180	91	28.09	107 74	92/mins.	L - N R - N	DISTANT R L NEAR R L Uncorrected Corrected	Normal	
						6/6P 6/6P		

DR. KAVITA VEERAPPA TUNAKAR
Specialist - Ophthalmology
MOH Lic. No: 3522
NMC Speciality Hospital, Al Hail

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	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.)

None.

DR. ERHAN GHODJANI
Specialist - Cardiology
MOH Lic. No: 21459
nmc speciality hospital, Al Hail

25/06/2023

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFITDR. BHAVANA DHABALIA
Specialist - Internal Medicine
MOH Lic. No: 4272
NMC Speciality Hospital, Al Hail

25/6/23

Date: 25/6/2023 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Ophthalmologist, Internist & Cardiology.

Date: 25/6/2023 Name (Block Capitals): Dr. / Nurse

Signature:

DR. ASHRAF RAVI
General Practitioner
MOH Lic. No: 20556
nmc speciality hospital, Al Hail

Specification

DR. KAVITA VEERAPPA TUNAKAR
Specialist - Ophthalmology
MOH Lic. No: 3522
NMC Speciality Hospital, Al HailDR. ERHAN GHODJANI
Specialist - Cardiology
MOH Lic. No: 21459
nmc speciality hospital, Al Hail

20/6/2023.

25/6/23

25/6/23