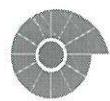




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSPlace of examination **NMC - AL HAIR** Date **30/10/2023**

If a dependant enter employee's name here:

Surname:	Forenames:		
Birth date: 01/01/1988	Nationality: OMAN	Country of birth:	Religion:
<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	Number of children: 8
		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	

Reason for examination	Pre-Employment <input type="checkbox"/>	Job: operator
	Pre-Overseas <input type="checkbox"/>	Area: Marmool

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

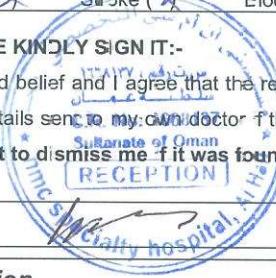
How much tobacco each day? **X** Average daily alcohol consumption **X**Have you ever taken elicited drugs? **X** PDO test all new/potential employees for elicited/recreational drugsFAMILY HISTORY: Diabetes (**Mother**) Tuberculosis (**X**) Epilepsy (**X**) Asthma (**X**) Eczema (**X**)
Heart disease (**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: **30-10-23**

Signature of Applicant:





FCR	COMPLETION	BY	EXAMINING	DOCTOR	OR	NURSE
Further data is 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 cm	WEIGHT kg	BMI	B.P.	FULSE 88/mins.	HEARING L ? R <i>S/N</i>	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group
42	85	25.66	160/100						<i>N</i>	<i>N</i>
N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
/	/	1. Urinalysis <i>Sugar +</i>	<i>RBS : 17.56</i>				/	/	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)										
<i>High risk 29.4%</i>										
ASSESSMENT: <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT DR. NISANTH KALLINKEEL Specialist - Internal Medicine MOH Lic. No: 16817 nmc speciality hospital, Al-Hail Date: <i>20/11/2023</i> Name (Block Capitals): Dr / Nurse <i>Dr. Aswathy Ray</i> RECEPTION Signature: <i>DR. NISANTH KALLINKEEL</i> DR. ASWATHY RAY Specialist - Internal Medicine MOH Lic. No: 20556 nmc speciality hospital, Al-Hail										
REVIEW/CONSULTATION <i>Uncontrolled T2DM, Sys HTN - advised Internist consultation</i> Date: <i>20/11/2023</i> Name (Block Capitals): Dr / Nurse <i>Dr. Aswathy Ray</i> Signature: <i>DR. NISANTH KALLINKEEL</i> DR. ASWATHY RAY Specialist - Internal Medicine MOH Lic. No: 20556 nmc speciality hospital, Al-Hail										

05/11/2023 - Reviewed

- HbA1c 12.9%. Diabetic medication changed.
- Started medicine for HTN
- Need to be under regular follow up

DR. NISANTH KALLINKEEL
 Specialist - Internal Medicine
 MOH Lic. No: 16817
 nmc speciality hospital, Al-Hail