

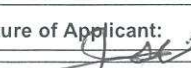
Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petrochem Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname AL SAADI	
Forenames SAID KASHID KHATTAMIS	
Address	
Place of examination NMC AL HAIL	Date 20-07-23
Home telephone number 99625557	
If a dependant enter employee's name here: Surname: Forenames:	
Birth date: 01-01-1967	Nationality: OMAN I
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 None	
Number of children: 4	
Reason for examination	Job: Operator
Pre-Employment <input type="checkbox"/>	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	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/arnpit	
How much tobacco each day? Ex-smoker (Stopped 25 years)	
Average daily alcohol consumption No	
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)	
None 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: 30/07/2023	Signature of Applicant: 
Page 79	Specification
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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		<div style="font-size: 4em;">}</div> INNL												
		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.	PULSE	HEARING	VISION	Colour Vision	Blood Group								
180	103	31.7	194 109	85 /mins.	L - N R - N	DISTANT <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>R</td> <td>L</td> </tr> <tr> <td>9</td> <td>9</td> </tr> </table> NEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>R</td> <td>L</td> </tr> <tr> <td>20</td> <td>20</td> </tr> </table> Uncorrected Corrected	R	L	9	9	R	L	20	20	N	B + VE
R	L															
9	9															
R	L															
20	20															
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A									
<input checked="" type="checkbox"/>		1. Urinalysis				<input checked="" type="checkbox"/>		7. Audiogram								
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR				<input checked="" type="checkbox"/>		8. Lung Function								
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS				<input checked="" type="checkbox"/>		9. Chest X-Ray								
		4. Drug Screen				<input checked="" type="checkbox"/>		10. ECG								
<input checked="" type="checkbox"/>		5. Lipids (40 years +)				<input checked="" type="checkbox"/>		11. CVS risk for 40 yrs. & above								
<input checked="" type="checkbox"/>		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

31/07/2023 DR. MUHAMMAD KAMRAN

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

Signature:

REVIEW/CONSULTATION

DR. MUHAMMAD KAMRAN
General Practitioner
MOH Lic. No: 7632
Speciality hospital, Al Hail

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

Signature:

