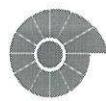


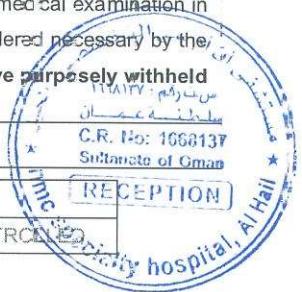


## Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Place of examination NMC AL HAIR		Date 14-06-23	Surname AL BAWISH	
			Forenames OMAR FAQIR OMAR	
			Address	
			Home telephone number 99605185	
If a dependant enter employee's name here:				
Surname:		Forenames:		
Birth date: 10-07-1964		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: 6
Reason for examination		Pre-Employment	Job: HELPER	
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?	
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		21. Cancer		22. HAVE YOU EVER BEEN:-
2. Neck swelling/glands		22. Heart Disease		40. Rejected for employment or insurance for medical reasons
3. Difficulty in vision		23. Rheumatic fever		41. Awarded benefits for industrial injury/illness
4. Any ear discharge		24. Abnormal heartbeat		42. Treated for a mental condition, e.g. depression
5. Asthma/bronchitis		25. High blood pressure		43. Treated for problem drinking or drug abuse
6. Hayfever /other significant allergy		26. Stroke		44. Exposed to toxic substance or noise
7. Any skin trouble		27. Serious chest pain		45. FOR WOMEN ONLY
8. Tuberculosis		28. Any blood disease		Have you ever had:-
9. Shortness of breath		29. Kidney disease		46. An abnormal smear
10. Coughed/ vomited blood		30. Blood in urine		47. Any gynaecological treatment
11. Severe abdominal pain		31. Diabetes		48. Are you pregnant?
12. Stomach ulcer		32. Headaches/migraine		49. HAVE YOU HAD AN ILLNESS
13. Recurrent indigestion		33. Dizziness/fainting		50. NOT MENTIONED ABOVE
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?		Average daily alcohol consumption		
Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs				
FAMILY HISTORY: Diabetes (Mother) 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: 14-06-23	Signature of Applicant:			





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. E.N.T.									
/	3. Teeth & Mouth									
/	4. Lungs & Chest									
/	5. Cardiovascular System									
/	6. Abdom. Viscera									
/	7. Hernia 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. /56	PULSE 66/mins.	HEARING L R N	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group
74	111.8	36.93	125							
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A			
	1. Urinalysis							7. Audiogram		
	2. Hb, Elococcyt, 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.)										
<b>ASSESSMENT:</b> <b>FIT</b> <input type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT										
Date:	Name (Block Capitals): Dr. / Nurse				Signature:					
REVIEW/CONSULTATION					by ENT - impaired function by cardiologist - abnormal TMT					
Date:	Name (Block Capitals): Dr. / Nurse				Signature:					

