1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	AL BALUSHI
Forenames	OMAR FAQIR OMAR
Address	
Home telephone number	
Employment No #	

Place of examination	NML AL-Hail
Date:-	02/08/2021

If a dependant enter employee's name here:
Surname: Forenames:

Birth date:	Nationality:	Country of birth:	Religion:

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced
Relationship to employee ☐ Wife ☐ Son ☐ Daughter
Number of children: 6

Reason for examination Pre-Employment ☐ Job:
Pre-Overseas ☐ Area:

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
Are you a Registered Disabled Person? (UK only) ☐	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			**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					
4. Any ear discharge			24. Abnormal heartbeat			41. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis			25. High blood pressure					
6. Hayfever /other significant allergy			26. Stroke			42. Treated for a mental condition, e.g. depression		
7. Any skin trouble			27. Serious chest pain					
8. Tuberculosis			28. Any blood disease			43. Treated for problem drinking or drug abuse		
9. Shortness of breath			29. Kidney disease					
10. Coughed/vomited blood			30. Blood in urine			44. Exposed to toxic substance or noise		
11. Severe abdominal pain			31. Diabetes					
12. Stomach ulcer			32. Headaches/migraine			**FOR WOMEN ONLY**		
13. Recurrent indigestion			33. Dizziness/fainting			Have you ever had:-		
14. Jaundice or hepatitis			34. Epilepsy			45. An abnormal smear		
15. Gall Bladder disease			35. Joints/spinal trouble			46. Any gynaecological treatment		
16. Marked change in bowel habits			36. Surgical operation					
17. Blood in stools (motions)			37. Serious accident/fracture			47. Are you pregnant?		
18. Marked change in weight			38. Tropical disease			48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins			39. Fear of heights					
20. Lump in breast/armpit								

How much tobacco each day? No Average daily alcohol consumption No

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure (Yes this mother) 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: **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. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculc-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
170	118		190/130	118/mins.	L R	Uncorrected Corrected Normal vision		No	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	high cholesterol for follow up	✓		7. Audiogram
✓		2. Hb, Blood count, 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.)

ASSESSMENT:

- ☐ **FIT ALL AREAS**
- ☑ **FIT WITH SPECIFIC RESTRICTION**
- ☐ **TEMPORARY UNFIT**
- ☐ **AWAITING SPECIALIST ASSESSMENT**

As per TMT result require further cardiac evaluation for any heavy duty or stressful duty

C.R. No: 1068137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

REVIEW/CONSULTATION

DATE: 2/3/2021 DOCTOR NAME: Dr. Christine SIGNATURE:

DR. CHRISTINE HAMDOH LOTFY ABDALLA
General Practitioner
MOH Lic. No. 17976
nmc speciality hospital, Al-Hail