


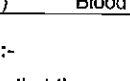
## Appendix 32: EX1 Form (Initial Examination Report)

**INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**



**Petroleum Development Oman  
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b> PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname _____	
		Forenames <u>SULTAN BAKHIT SUIDAN</u>	
		Address _____	
Place of examination <u>NMC</u>		Home telephone number _____	
Date <u>30/10/2022</u>			
If a dependant enter employee's name here: Surname: _____ Forenames: _____			
Birth date: <u>5/4/84</u>		Nationality: <u>Omani</u>	
Country of birth: <u>Oman</u>		Religion: <u>Islam</u>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to employee	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Number of children: _____	
Pre-Employment <input checked="" type="checkbox"/>		Job: <u>Helper</u>	
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/arm/pit			
How much tobacco each day? <u>No</u>		Average daily alcohol consumption <u>No</u>	
Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs <u>No</u>			
FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( ) <u>No</u> 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: <u>30/10/2022</u>		Signature of Applicant: 	



FOR	COMPLETION	BY	EXAMINING	DOCTOR	OR	NURSE		
Further details of medical history and recreational activities								
blind left eye.								
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.	PULSE	HEARING	VISION	Colour Vision	Blood Group
169	92	32.2	142 80	76 /mins.	L ✓ R ✓	DISTANT Uncorrected Corrected R L N O NEAR R L N O	(A)	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A		
		1. Urinalysis	Hb - 12.6 g/dl.					7. Audiogram
		2. Hb, Bloodcount, ESR	TM7 - Normal stem Test					8. Lung Function
		3. LFT, RFT, RBS						9. Chest X-Ray
		4. Drug Screen						10. ECG Early Repolarisation.
		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:								
<input checked="" 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		DR. SHIJU KODIMATTATHIL SLEEBA Specialist - Internal Medicine MOH Lic. No: 15540 nmc speciality hospital, Al Ghosha		Signature:		
REVIEW/CONSULTATION								
Review within month with complete blood count.								
Date:		Name (Block Capitals): Dr. / Nurse		Signature:				