



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		Date 30/10/2022		Surname SULTAN BAKHT SIDDIQI																																																																																																															
If a dependant enter employee's name here:		Forenames SULTAN BAKHT SIDDIQI																																																																																																																	
Surname: SULTAN		Forenames: BAKHT SIDDIQI																																																																																																																	
Birth date: 54Y		Nationality: Oman		Country of birth: Oman																																																																																																															
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input 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: 0																																																																																																																			
Reason for examination Pre-Employment		<input checked="" type="checkbox"/> 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? <input type="checkbox"/>																																																																																																																
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																																																			
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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 No																																																																																																																			
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema () No 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: 30/10/2022		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	N/A									
	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 /mins.	HEARING L N R /	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group	
169	92	32.2	142 80	76.					(N)		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A			
	1. Urinalysis	Hb - 12.6 g/dL					✓		7. Audiogram		
✓	2. Hb, Bloodcount, ESR	TMT - Normal skin					✓		8. Lung Function		
✓	3. LFT, RFT, RBS	Test							9. Chest X-Ray		
✓	4. Drug Screen								10. ECG <i>ECG done in amb.</i>		
✓	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 RESTRICTION TEMPORARY UNFIT UNFIT

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

DR. SHIJU KODIMATTATHIL SLEeba
Specialist - Internal Medicine
MOH Lic. No: 15540
nmc speciality hospital, Al Ghurair

REVIEW/CONSULTATION

Review after 1 month with Consultant Dr. S. S. Ganti.

Date:

Name (Block Capitals): Dr. / Nurse

Signature: