



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Surname

Forenames

Address

Home telephone number

Place of examination

Date

If a dependant enter employee's name here:

Surname:

Birth date:

Nationality:

Forenames:

Country of birth:

Religion:

☒ Male ☐ Female☐ Married ☐ Single ☐ Separated /Divorced

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

Number of children:

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

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/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

Tuberculosis

Epilepsy

Asthma

Eczema

Heart disease

High blood pressure

Stroke

Blood Disease

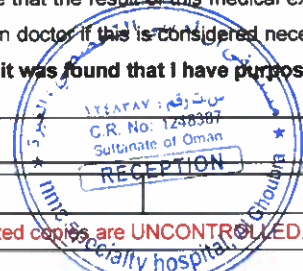
Cancer

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: 23/11/2023

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. Musculo-skeletal	
/		12. Skin & Varicose Vns.	
/		13. C.N.S.	
HEIGHT cm	WEIGHT kg	BMI	B.P.
161	73	28.2	129/84
PULSE	HEARING	VISION	Colour Vision
70 /mins.	L: / R: /	DISTANT: R: / L: / NEAR: R: / L: /	(2)
LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N A	
1. Urinalysis		/	
2. Hb, Bloodcount, ESR		/	
3. LFT, RFT, RBS		/	
4. Drug Screen		/	
5. Lipids (40 years +)		/	
6. Sickle Cell test		/	
TMT: Negative		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		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:		Signature:	
Name (Block Capitals): Dr. / Nurse		Name (Block Capitals): Dr. / Nurse	
REVIEW/CONSULTATION			
Date:		Signature:	
Name (Block Capitals): Dr. / Nurse		Name (Block Capitals): Dr. / Nurse	