



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 23/01/2023		Home telephone number																																																																																																													
If a dependant enter employee's name here:		Surname: Al Turabsi		Forenames: Abdullah Said Saleem																																																																																																													
Surname: 597		Forenames: Oman		Address																																																																																																													
Birth date: 597		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 Rigger Helper																																																																																																													
Number of children: 0																																																																																																																	
Reason for examination Pre-Employment		Job: Rigger 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? 10/day		Average daily alcohol consumption No																																																																																																															
Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs																																																																																																																	
FAMILY HISTORY: Diabetes Yes 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: 23/01/2023		Signature of Applicant: BNL																																																																																																															





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. 129 84	PULSE 70 /mins.	HEARING L R R 50	VISION Uncorrected Corrected	DISTANT R L R L 6/6 6/6 N/2	NEAR R L N/2	Colour Vision	Blood Group		
161	73	28.2							①			
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A				
		TMT: Negative										
	1. Urinalysis								7. Audiogram			
	2. Hb, Bloodcount, 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 RESTRICTION TEMPORARY UNFIT UNFIT

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

DR. DIVSU MATHEW
General Practitioner
M.A.H. Lic. No. 6966
Specialty Hospital, Al Ghoubra

Signature:

REVIEW/CONSULTATION

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

