

1357

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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 <u>Joseph George</u>	
Forenames	
Address	
Home telephone number	
Employment No # <u>1357</u>	
Place of examination	Date <u>28/3/19</u>
If a dependant enter employee's name here:	
Surname:	
Forenames:	
Birth date: <u>12/5/65</u>	Nationality: <u>Indian</u>
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: <u>Driver</u>
	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
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/ampit	
How much tobacco each day? <u>no</u>	
Average daily alcohol consumption <u>no</u>	
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)	
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) 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>28/3/19</u>	Signature of Applicant: <u>[Signature]</u>

N = Normal A = Abnormal (please describe)

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.

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				7. Audiogram
		2. Hb, Blood count, ESR				8. Lung Function
		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG <i>WV</i>
		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
		6. Sickie Cell test				12. HIV, Hepatitis screening

Type 2 on Insulin Therapy
 FARMINGHAM Risk score: 8.0%

☒ FIT ALL AREAS

☐ FIT WITH SPECIFIC RESTRICTION

☐ TEMPORARY UNFIT

☐ AWAITING SPECIALIST ASSESSMENT

DATE:

DOCTOR NAME:

SIGNATURE: