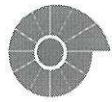




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Place of examination: NMC HAL		Date: 23/7/23	Surname: AL LAWATI	
			Forenames: DAWOOD MOHAMMAD ALI	
			Address: 	
			Home telephone number: 927 65990	
If a dependant enter employee's name here: Surname: AL LAWATI Forenames: DAWOOD MOHAMMAD ALI				
Birth date: 		Nationality: 		Country of birth:
Religion: 		Relationship to employee: 		
☒ Male ☐ Female		☐ Married ☐ Single ☒ Separated / Divorced		Number of children: 1
Reason for examination: 		Job: HELPER		
Pre-Employment ☐		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		HAVE YOU EVER BEEN:-
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 s gnificant 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? X		Average daily alcohol consumption X		
Have you ever taken illicit drugs? X PDO test all new/potential employees for illicit/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 X				
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: 23/7/23		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.	PULSE	HEARING	VISION
186	71	20.52	126/88	86/min.	L (N) R (N)	DISTANT R L NEAR R L Uncorrected Corrected 6/6 6/6 (N) (N) - (N)
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
☒		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: 10/8/2023 Name (Block Capitals) Dr. / Nurse: Signature:						
REVIEW/CONSULTATION - Sickle cell pos. - Ischaemic. found 23/07/2023 Advice: Coronary angiography						
Date: 23/07/2023 Name (Block Capitals) Dr. / Nurse: Signature:						