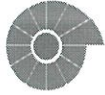




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Surname		AL BALUSHI	
Forenames		KHAMIS SAD MUBARAK MASOOD	
Address			
Home telephone number			
Place of examination	NMC AL HAIL	Date	15/04/23
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	11/03/1983	Nationality:	OMANI
Country of birth:		Religion:	
<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:			
Reason for examination		Pre-Employment <input type="checkbox"/> Job: Periodical checkup @ age 50.	
Pre-Overseas <input type="checkbox"/> Area:			
Name and address of family doctor		List your last 3 obs	
		(1) Manual labourer for machine	
		(2) transportation	
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.)			
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/arm/pit			
How much tobacco each day? No		Average daily alcohol consumption	
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/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:		Signature of Applicant:	



FOR	COMPLETION	BY	EXAMINING	DOCTOR	CR	NJRSE				
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	WNL							
		5 Cardiovascular System								
		6 Abdo. Viscera								
		7 Hernial Orifices								
		8 Anus & Rectum								
		9 Genito-urinary								
		10. Extremities								
		11. Musculo-skeletal								
		12. Skir & Varicose Vns.								
		13. C.N.S.								
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group
174	71	23.4	130 80	57/min.	L 3 R (N)	Uncorrected Corrected	R 6/6 L 6/6	R (N) L (N)	(N)	B +ve
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A				
		1. Urinalysis						7. Audiogram		
		2. Hb, Bloodcount, ESR						8. Lung Function		
		3. LFT, RFT, RBS						9. Ches: 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.)										
<div style="text-align: center;">FIT</div>										
ASSESSMENT:										
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT										
Date: Name (Block Capitals): Dr. / Nurse										
REVIEW/CONSULTATION										
Date: 16/4/23 Name (Block Capitals): Dr. / Nurse										
Signature:										
DR. NADIA FAHAD General Practitioner MOH Lic. No. 17683 nmc speciality hospital, Al Hail										