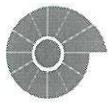




## Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Place of examination <b>NMC MAIL</b>		Date <b>23/7/23</b>	Surname <b>AL DARI</b>																																																																																																										
			Forenames <b>HAMED AAMIR SLOUM</b>																																																																																																										
			Address																																																																																																										
			Home telephone number <b>99720235</b>																																																																																																										
If a dependant enter employee's name here: Surname: <b>AL DARI</b>		Forenames: <b>HAMED AAMIR SLOUM</b>																																																																																																											
Birth date: <b>05/01/1970</b> Nationality: <b>OMAN</b>		Country of birth: <b>OMANI</b>	Religion: <b>MUSLIM</b>																																																																																																										
<input 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: <b>4</b>																																																																																																								
Reason for examination Pre-Employment		Job: <b>DRIVER</b>																																																																																																											
Pre-Overseas		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? <b>NO</b>		Average daily alcohol consumption <b>NO</b>																																																																																																											
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																																													
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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: <b>23/7/23</b>		Signature of Applicant: <b>Role in no</b>																																																																																																											





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	B/L myopia → 6/9, Uncorrected.									
✓	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 96 /mins.	HEARING L (N) R (N)	VISION Uncorrected Corrected	DISTANT R 6/9 L 6/9	NEAR R (N) L (N)	Colour Vision	Blood Group	
165	115	42.2	138/100						Normal		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A			
✓	1. Urinalysis	↑d lipid profile.					✓	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.)

• Morbidity obese. → cardiology fitness obtained.

## ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

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

Signature:

## REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

