

33 #1376

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

Place of examination Haima		Date 28/3/19	Surname Ambikapathi Mariappan																																																																																																																																					
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<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: Crane operator	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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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: 28/3/19	Signature of Applicant: C. Ambikapathi																																																																																																																																							

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	BM I	B.P. —	PULSE /mins. 100 91 min	HEARING L R	VISION DISTANT R L		VISION NEAR R L		Colour Vision	Blood Group	
171		67	2291	140/100		Uncorrected Corrected	6 6	6 6	6 6	6 6	(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.)

Type 2 DM on medication
defective hearing Rv - Ad E.N.T. consult by

ASSESSMENT:

- FIT ALL AREAS
- FIT WITH SPECIFIC RESTRICTION
- TEMPORARY UNFIT
- AWAITING SPECIALIST ASSESSMENT

Type 2 DM
HbA1c
Combined Hypertension
Ad physician consult by

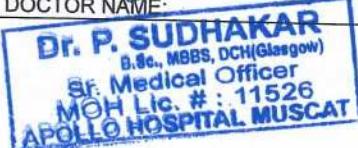
REVIEW/CONSULTATION

FRAMINGHAM RISK SCORE - 10%

seen by physician in
Badar Al Nahar on
25/7/19,

DATE: 02/09/19

DOCTOR NAME:



SIGNATURE:

