EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	
Forenames	Surender Pal
Address	
Home Telephone Number	

Place of examination: Badr Al Samaa — Date:- 07/07/19

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date / /	Nationality	Country of birth	Religion

			Number of Children
[ ] Male [ ] Single [ ] Widow (er)	Relationship to employee		
[ ] Female [ ] Married [ ] Divorced/ Separated	[ ] Wife [ ] Son [ ] Daughter [ ] Fiancee		

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas Area:-

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			
9. Shortness of breath		✓	30. Painful passage of urine		✓	FOR WOMEN ONLY		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓	46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological Treatment		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
			38. Serious accident/fracture		✓			
17. Blood in stools (motions)		✓	39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	HAVE YOU EVER BEEN:-		✓			
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons					
21. Cancer		✓						

How much tobacco each day? Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]
Heart disease [ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare 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.

Date: 07/07/19 Signature of applicant: ✓ Spals

BADR AL-SAMAA HOSPITAL
BADR
Al-Khoud
C.R. No. 1693808

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
Further details of medical history and recreational activities

DR. SHILPA . A
MBBS., DOMS
Ophthalmologist
Moh. License No. 8975

1381

N = Normal	A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Refractive error (BE)
		2. E.N.T.	B/L high freq mild SN HL
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	Normal
		10. Extremities	
		11. Musculo-skeletal	
		12.Skin & Varicose Vns	
		13.C.N.S.	
		14.Breasts	

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
171	98.7	120/90	76	L 18.3dBHL R 16.6dBHL	Uncorrected	6/36	6/36	N8	N8	Present	—
					Corrected	6/6	4.9	N6	N6		

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		–		6. Audiogram
✓		2. Hb Blood count ESR		✓		7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
		4. Stool	not done			9. Drug Screen not done
✓		5. E.C.G.				10. CR Screen = Country Request (e.g. H.I.V.)

OTHER FINDINGS (Physique, scars, disabilities, mental stability etc.)

ASSESSMENT

☑ FIT ALL AREAS ☐ FIT HOME SERVICE ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date Signature Name (Block Capitals) Doctor/Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor/Sister

DR. FENILIN JOSE
MBBS, MD (General Medicine)
Internist
MOH Licence # : 7715

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C.R. No. 1693808
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