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

Surname: SITAL SINGH
Forenames: SATWINDER SINGH.
Address:
Home telephone number: 95508297

Place of examination: NMC AL HAIL | Date: 16/08/22

If a dependant enter employee's name here:
Surname: SITAL SINGH | Forenames: SATWINDER SINGH

Birth date: 20/09/1969 | Nationality: INDIA | Country of birth: INDIA | Religion: SIKH

☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☑ Wife ☐ Son ☐ Daughter | Number of children: 2

Reason for examination: Pre-Employment ☑ Job: FOREMAN.
Pre-Overseas ☐ Area:

Name and address of family doctor: Dr. Masood Siddique.

List your last 3 jobs:
(1) FOREMAN
(2) FOREMAN.

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

How much tobacco each day?

Average daily alcohol consumption

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/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: 16/08/2022 **Signature of Applicant:** S. Singh

nmc specialty hospital, Al Hail
C.R. No: 1668137
Ministry of Oman
RECEPTION

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 Vision is 6/6 (Corrected).
✓		2. E.N.T.	NAD
✓		3. Teeth & Mouth	NAD
✓		4. Lungs & Chest	B/L Chest is clear.
✓		5. Cardiovascular System	S, ES, +O.
✓		6. Abdo. Viscera	NO palpable.
✓		7. Hernial Orifices	NO
✓		8. Anus & Rectum	NAD
✓		9. Genito-urinary	NAD
✓		10. Extremities	NAD
✓		11. Musculo-skeletal	NAD
	✓	12. Skin & Varicose Vns.	~~Nor~~ Eczema.
✓		13. C.N.S.	Intact

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R / L	VISION NEAR R / L	Colour Vision	Blood Group
191	100.7	27.6	138/95	92 /mins.	L N, R N	Uncorrected / Corrected: 6/6, 6/6	N, N	Normal	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR		✓		8. Lung Function
		3. LFT, RFT, ~~RBS~~ FBS →	High.			9. Chest X-Ray
		4. Drug Screen	F. Risk Score is	✓		10. ECG
	✓	5. Lipids (40 years +)	15.6% (High Risk)		✓	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.)

* Over weight
* Elevated BP w/o Dx of HTN.

- High FBS
- Elevated BP
- Over weight.
- Elevated LDL

ASSESSMENT:

☐ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

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

REVIEW/CONSULTATION

Internal Medicine Consultation.

Date: 16/8/22 Name (Block Capitals): Dr. / Nurse Dr. Masood Signature: [signature]

C.R. No: 1568137 Sultanate of Oman RECEPTION specialty hospital, Al Hail