



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 SITAL SINGH	
Forenames SATWINDER SINGH	
Address	
Home telephone number 95508297	
Place of examination NMCHAL	Date 16/08/22
If a dependant enter employee's name here: Surname: SITAL SINGH Forenames: SATWINDER SINGH	
Birth date: 29/09/1969	Nationality: INDIA Country of birth: INDIA Religion: SIKH
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced
Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Number of children: 2	
Reason for examination Pre-Employment <input checked="" type="checkbox"/> Job: FOREMAN Pre-Overseas <input type="checkbox"/> Area:	
Name and address of family doctor Dr. Mansoor Siddique	
List your last 3 jobs (1) FOREMAN (2) FOREMAN	
Are you a Registered Disabled Person? (UK only) <input checked="" type="checkbox"/> Do you belong to any Medical Insurance Scheme? <input checked="" type="checkbox"/>	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)	
Y N	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/ampit	
I low much tobacco each day? Average daily alcohol consumption	
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>	
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





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	Bp vision is 6/6 (Corrected)						
✓		2. E.N.T.	NAD						
✓		3. Teeth & Mouth	NAD						
✓		4. Lungs & Chest	Bp chest is clear.						
✓		5. Cardiovascular System	S + S to						
✓		6. Abdo. Viscera	NOT palpable.						
✓		7. Hernial Orifices	NO						
✓		8. Anus & Rectum	NAD						
✓		9. Genito-urinary	NAD						
✓		10. Extremities	NAD						
✓		11. Musculo-skeletal	NAD						
✓	✓	12. Skin & Varicose Vns.	No Eczema.						
✓		13. C.N.S.	Intact.						
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group	
191	100.7	27.6	138 95	92 /mlns.	L N R N	DISTANT R L NEAR R L 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							10. ECG
✓		5. Lipids (40 years +)	F. Risk Score is 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.)							High FBS Elevated BP Over weight. Elevated LDL		
* Over weight									
* Elevated BP w/o Dx of HTN.									
ASSESSMENT:									
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT									
Reviewed the patient: Medication prescribed for high blood sugar. Diet modified. Need to be under regular follow up									
Date:			Name (Block Capitals): Dr. / Nurse			Signature: 20/16.06.2022			
REVIEW/CONSULTATION									
Internal Medicine Consultation									
Date: 16/07/22			Name (Block Capitals): Dr. / Nurse Dr. Malood			Signature: 24/07/2022			

