# 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: XAVI
Forenames: ATTAPARAMBAN
Address:
Home telephone number: 99931278

Place of examination: NMC AL HAIL | Date: 16-08-2022

If a dependant enter employee's name here:
Surname: XAVI | Forenames: ATTAPARAMBAN

☑ 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. Mabrouk Sakhrani

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? NO. | Average daily alcohol consumption: Occasional

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (✓) 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:

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 | S1+S2+0 |
| ✓ | | 6. Abdo. Viscera | NO palpable |
| ✓ | | 7. Hernial Orifices | No |
| ✓ | | 8. Anus & Rectum | Normal |
| ✓ | | 9. Genito-urinary | NAD |
| ✓ | | 10. Extremities | NAD |
| ✓ | | 11. Muscule skeletal | NAD |
| ✓ | | 12. Skin & Varicose Vns. | Normal |
| ✓ | | 13. C.N.S. | Intact |

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING | VISION | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|
| 174 | 92.35 | 30.50 | 140/10 | 66 /mins. | L<br>R | DISTANT R L / NEAR R L<br>Uncorrected<br>Corrected 6/6 6/6 | Normal | |

| N | A | | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | N | A | |
|---|---|---|---|---|---|---|
| ✓ | | 1. Urinalysis | | ✓ | | 7. Audiogram |
| ✓ | | 2. Hb, Bloodcount, ESR FPG → Impaired | | ✓ | | 8. Lung Function |
| | ✓ | 3. LFT, RFT, RBS | | | | 9. Chest X-Ray |
| | | 4. Drug Screen | | ✓ | | 10. ECG |
| ✓ | ✓ | 5. Lipids (40 years +) | F. Risk → 13.2% (Moderate) | | ✓ | 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.)**

Grade I Obesity + Impaired FBS + Abnormal TMT.

**ASSESSMENT.**

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

DR. ERFAN GHOODJANI
Specialist - Cardiology
MOH Lic No: 21459
nmc specialty hospital, Al Ghoubra

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

**REVIEW/CONSULTATION**

Cardiologist Consultation

Date: 16/8/22 Name (Block Capitals): Dr. / Nurse Signature:

C.R. No. 1662137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Ghoubra