

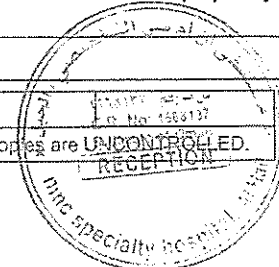


Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname XAVI	
Forenames ATTAPARAMBAN	
Address	
Home telephone number 949 31278	
Place of examination NMC AL HAIL	Date 16-08-2022
If a dependant enter employee's name here:	
Surname: XAVI	Forenames: ATTAPARAMBAN
Relationship to employee	Number of children 2
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced
Reason for examination	Job: FOREMAN
Pre-Employment ☐	Pre-Overseas ☐
Name and address of family doctor	List your last 3 jobs
Dr. Masrih S. Al-Hail	(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
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/arm/pit	
HAVE YOU EVER BEEN:-	
40. Rejected for employment or insurance for medical reasons	
41. Awarded benefits for industrial injury/illness	
42. Treated for a mental condition, e.g. depression	
43. Treated for problem drinking or drug abuse	
44. Exposed to toxic substance or noise	
FOR WOMEN ONLY	
45. An abnormal smear	
46. Any gynaecological treatment	
47. Are you pregnant?	
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? NO	
Average daily alcohol consumption Occasional	
Have you ever taken illicit 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: XAVI



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 <i>Bye Vision is 6/6 "Corrected"</i>	
✓		2. E.N.T. <i>NAD</i>	
✓		3. Teeth & Mouth <i>NAD</i>	
✓		4. Lungs & Chest <i>Bye chest is clear</i>	
✓		5. Cardiovascular System <i>NO signs to</i>	
✓		6. Abdo. Viscera <i>NO palpable</i>	
✓		7. Hernial Orifices <i>NO</i>	
✓		8. Anus & Rectum <i>Normal</i>	
✓		9. Genito-urinary <i>NAD</i>	
✓		10. Extremities <i>NAD</i>	
✓		11. Musculo skeletal <i>NAD</i>	
✓		12. Skin & Varicose Vns. <i>Normal</i>	
✓		13. C.N.S. <i>Subst.</i>	
HEIGHT cm	WEIGHT kg	BMI	B.P.
174	92.35	30.50	140/10
PULSE	HEARING	VISION	Colour Vision
66 /mins.	L R	DISTANT R L Uncorrected Corrected	Blood Group
		6/6 6/6	Normal
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
✓		1. Urinalysis	
✓		2. Hb, Bloodcount, ESR <i>FBs → Impaired</i>	
✓		3. LFT, RFT, RBS	
✓		4. Drug Screen	
✓		5. Lipids (40 years +) <i>F. Risk → 13.2% (Moderate)</i>	
✓		6. Sickle Cell test	
✓		7. Audiogram	
✓		8. Lung Function	
✓		9. Chest X-Ray	
✓		10. ECG	
✓		11. CVS risk for 40 yrs. & above	
✓		12. HIV, Hepatitis screening	
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)			
<i>Grade I Obesity + Impaired FBs + Abnormal TMT</i>			
ASSESSMENT.			
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT			
Date:		Signature:	
Name (Block Capitals): Dr. / Nurse		Name (Block Capitals): Dr. / Nurse	
REVIEW/CONSULTATION			
<i>Cardiologist Consultation</i>			
Date: <i>16/9/22</i>		Signature: <i>[Signature]</i>	
Name (Block Capitals): Dr. / Nurse		Name (Block Capitals): Dr. / Nurse	

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Specification

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RECEIVED
 17/09/2022
 Sultanate of Oman
 nmc specialty hospital, Al Ghoubra