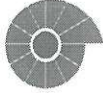


Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petrochem Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <u>PAREEKUTTY</u>					
		Forenames <u>RAZAKATHIKAPARAMBIL</u>					
		Address _____					
Place of examination <u>NMC AL HAIL</u>		Home telephone number <u>96248945</u>					
If a dependant enter employee's name here: Surname: _____ Forenames: _____							
Birth date: <u>25-10-1973</u>		Nationality: <u>INDIAN</u>					
		Country of birth: <u>INDIA</u>					
		Religion: <u>MUSLIM</u>					
<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 type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
		Number of children: <u>3</u>					
Reason for examination Pre-Employment <input type="checkbox"/> Job: <u>FOREMAN</u> Pre-Overseas <input type="checkbox"/> Area: _____							
Name and address of family doctor _____		List your last 3 jobs (1) _____ (2) _____					
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>					
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)							
<table border="1" style="width: 100%;"> <tr> <th>Y</th> <th>N</th> </tr> </table>		Y	N	<table border="1" style="width: 100%;"> <tr> <th>Y</th> <th>N</th> </tr> </table>		Y	N
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/armpit							
How much tobacco each day? <u>X</u>		Average daily alcohol consumption <u>X</u>					
Have you ever taken elicited drugs? <u>X</u> PDO test all new/potential employees for elicited/recreational drugs							
FAMILY HISTORY: Diabetes (<u>X</u>) Tuberculosis () Epilepsy (<u>X</u>) Asthma (<u>X</u>) Eczema (<u>X</u>) Heart disease (<u>X</u>) High blood pressure (<u>X</u>) Stroke (<u>X</u>) Blood Disease (<u>X</u>) Cancer (<u>X</u>)							
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: <u>10-07-23</u>		Signature of Applicant: <u>[Signature]</u>					





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				
✓		2. E.N.T.				
✓		3. Teeth & Mouth				
✓		4. Lungs & Chest				
✓		5. Cardiovascular System				
✓		6. Abdo. Viscera				
✓		7. Hernial Orifices				
✓		8. Anus & Rectum				
✓		9. Genito-urinary				
✓		10. Extremities				
✓		11. Musculo-skeletal				
✓		12. Skin & Varicose Vns.				
✓		13. C.N.S.				
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
182.	101	30.49	140/108	80/min.	L N R N	DISTANT R L Uncorrected 6/6 6/9 Corrected
						NEAR R L N N
						Colour Vision (N)
						Blood Group
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A
		1. Urinalysis				7. Audiogram
		2. Hb, Bloodcount, ESR				8. Lung Function
		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above - moderate risk 13.2%
		6. Sickie Cell test				12. HIV, Hepatitis screening
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)						
<div style="text-align: center;">FIT</div>						
ASSESSMENT:						
<input type="checkbox"/> FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT						
Date:		Name (Block Capitals): Dr. / Nurse			Signature:	
REVIEW/CONSULTATION						
Strict Blood pressure control - Internist-consultation/ (fitness by cardiologist - obtained)						
Date:		Name (Block Capitals): Dr. / Nurse			Signature:	
Page 80		DR. ASWATHY RAVI General Practitioner MOHLLC, No. 20346			Specification	
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