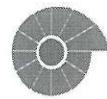




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Place of examination NMC AL HAIL Date 10-07-23

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 25/02/1972 Nationality: OM/INDIAN Country of birth: INDIA Religion: HINDU

<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: 2
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Reason for examination	Pre-Employment	<input type="checkbox"/>	Job: SYSTEM / OPERATOR
	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) 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	/		41. Awarded benefits for industrial injury/illness	/	
4. Any ear discharge	/		24. Abnormal heartbeat	/		42. Treated for a mental condition, e.g. depression	/	
5. Asthma/bronchitis	/		25. High blood pressure	/		43. Treated for problem drinking or drug abuse	/	
6. Hayfever /other significant allergy	/		26. Stroke	/		44. Exposed to toxic substance or noise	/	
7. Any skin trouble	/		27. Serious chest pain	/		FOR WOMEN ONLY		
8. Tuberculosis	/		28. Any blood disease	/		Have you ever had:-		
9. Shortness of breath	/		29. Kidney disease	/		45. An abnormal smear		
10. Coughed/vomited blood	/		30. Blood in urine	/		46. Any gynaecological treatment		
11. Severe abdominal pain	/		31. Diabetes	/		47. Are you pregnant?		
12. Stomach ulcer	/		32. Headaches/migraine	/		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? Average daily alcohol consumption Have you ever taken elicited drugs? PDO test all new/potential employees for elicited/recreational drugs

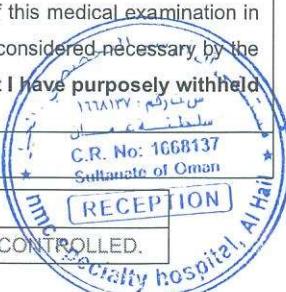
FAMILY HISTORY:	Diabetes (<input checked="" type="checkbox"/>)	Tuberculosis (<input checked="" type="checkbox"/>)	Epilepsy (<input checked="" type="checkbox"/>)	Asthma (<input checked="" type="checkbox"/>)	Eczema (<input checked="" type="checkbox"/>)
	Heart disease (<input checked="" type="checkbox"/>)	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: 10-07-23

Signature of Applicant: B. S. Balan





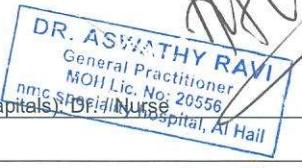
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

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	Appendectomy score										
✓	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 95/mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group		
167	71	25. 46	140 94				6/6	6/6	(N)	(N)		

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			
✓		6. Sickle Cell test				✓		12. HIV, Hepatitis screening			

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:		 <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <i>- require further evaluation by ENT specialist</i>									
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REVIEW/CONSULTATION		 <i>DR. ASWATHY RAVI General Practitioner MOH Lic. No: 20556 nmc speciality hospital, Al Hall</i>										
Date:	Name (Block Capitals): Dr. / Nurse		Signature:									
Date:	Name (Block Capitals): Dr. / Nurse		Signature:									

