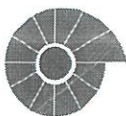


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination NML AL HAIL		Date:- 06/10/2022	Surname SINGH		
			Forenames SURINDER		
			Address		
			Home telephone number		
			Employment No #		
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: 16/11/1972		Nationality: INDIAN	Country of birth:	Religion:	
<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:	
Reason for examination Pre-Employment <input type="checkbox"/> Job: 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.)					
	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					
			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		
			Have you ever had:-		
			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? 100			Average daily alcohol consumption Occasionally		
Have you ever taken elicited 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:		Signature of Applicant: Surinder 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	
<input checked="" type="checkbox"/>		1. Eyes & Pupils
<input checked="" type="checkbox"/>		2. E.N.T.
<input checked="" type="checkbox"/>		3. Teeth & Mouth
<input checked="" type="checkbox"/>		4. Lungs & Chest
<input checked="" type="checkbox"/>		5. Cardiovascular System
<input checked="" type="checkbox"/>		6. Abdo, Viscera
<input checked="" type="checkbox"/>		7. Hernial Orifices
<input checked="" type="checkbox"/>		8. Anus & Rectum
<input checked="" type="checkbox"/>		9. Genito-urinary
<input checked="" type="checkbox"/>		10. Extremities
<input checked="" type="checkbox"/>		11. Musculo-skeletal
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.
<input checked="" type="checkbox"/>		13. C.N.S.

HEIGHT cm	WEIGHT kg	BM I	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
172	113		158 112	125/min.	L (N) R (N)	DISTANT R L Uncorrected 6/6 Corrected 6/6 NEAR R L		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
<input checked="" type="checkbox"/>		1. Urinalysis		<input checked="" type="checkbox"/>		7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Blood count (ESR)		<input checked="" type="checkbox"/>		8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		<input checked="" type="checkbox"/>		9. Chest X-Ray
<input checked="" type="checkbox"/>		4. Drug Screen		<input checked="" type="checkbox"/>		10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickle Cell test				12. HIV, Hepatitis screening

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

Diabetes blood sugar high, need for insulin, ESR high.

ASSESSMENT:

- ☒ FIT ALL AREAS
- ☐ FIT WITH SPECIFIC RESTRICTION
- ☐ TEMPORARY UNFIT
- ☐ AWAITING SPECIALIST ASSESSMENT



FIT

REVIEW/CONSULTATION

DATE: 07/10/2022 DOCTOR NAME: DR. MUHAMMAD KAMRAN

SIGNATURE:

DR. MUHAMMAD KAMRAN
General Practitioner
MOH Lic. No: 7638
nmc speciality hospital, Al-Hail