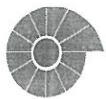




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Surname RANJIT SINGH	
Forenames KARNAIL	
Address	
Home telephone number 92062652	

Place of examination **NMC AI HAIL** Date **16/08/22**

If a dependant enter employee's name here:

Surname: **RANJIT SINGH**Forenames: **KARNAIL**Birth date: **14/05/1972**Nationality: **INDIA**Country of birth: **INDIA**Religion: **SIKH** Male Female Married Single Separated /Divorced Wife Son DaughterNumber of
children: **5**

Reason for examination

Pre-Employment

 Job: **DRIVER**

Pre-Overseas

 Area: **NIMR**

Name and address of family doctor

Dr. MAZED Sidoliqur

List your last 3 jobs

(1) **DRIVER**
(2) **DRIVER**

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	<input checked="" type="checkbox"/>		21. Cancer	<input checked="" type="checkbox"/>		HAVE YOU EVER BEEN:-		
2. Neck swelling/glands	<input checked="" type="checkbox"/>		22. Heart Disease	<input checked="" type="checkbox"/>		40. Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>
3. Difficulty in vision	<input checked="" type="checkbox"/>		23. Rheumatic fever	<input checked="" type="checkbox"/>		41. Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
4. Any ear discharge	<input checked="" type="checkbox"/>		24. Abnormal heartbeat	<input checked="" type="checkbox"/>		42. Treated for a mental condition, e.g. depression		<input checked="" type="checkbox"/>
5. Asthma/bronchitis	<input checked="" type="checkbox"/>		25. High blood pressure	<input checked="" type="checkbox"/>		43. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy	<input checked="" type="checkbox"/>		26. Stroke	<input checked="" type="checkbox"/>		44. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
7. Any skin trouble	<input checked="" type="checkbox"/>		27. Serious chest pain	<input checked="" type="checkbox"/>		45. An abnormal smear		
8. Tuberculosis	<input checked="" type="checkbox"/>		28. Any blood disease	<input checked="" type="checkbox"/>		46. Any gynaecological treatment		
9. Shortness of breath	<input checked="" type="checkbox"/>		29. Kidney disease	<input checked="" type="checkbox"/>		47. Are you pregnant?		
10. Coughed/vomited blood	<input checked="" type="checkbox"/>		30. Blood in urine	<input checked="" type="checkbox"/>		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
11. Severe abdominal pain	<input checked="" type="checkbox"/>		31. Diabetes	<input checked="" type="checkbox"/>				
12. Stomach ulcer	<input checked="" type="checkbox"/>		32. Headaches/migraine	<input checked="" type="checkbox"/>				
13. Recurrent indigestion	<input checked="" type="checkbox"/>		33. Dizziness/fainting	<input checked="" type="checkbox"/>				
14. Jaundice or hepatitis	<input checked="" type="checkbox"/>		34. Epilepsy	<input checked="" type="checkbox"/>				
15. Gall Bladder disease	<input checked="" type="checkbox"/>		35. Joints/spinal trouble	<input checked="" type="checkbox"/>				
16. Marked change in bowel habits	<input checked="" type="checkbox"/>		36. Surgical operation	<input checked="" type="checkbox"/>				
17. Blood in stools (motions)	<input checked="" type="checkbox"/>		37. Serious accident/fracture	<input checked="" type="checkbox"/>				
18. Marked change in weight	<input checked="" type="checkbox"/>		38. Tropical disease	<input checked="" type="checkbox"/>				
19. Varicose veins	<input checked="" type="checkbox"/>		39. Fear of heights	<input checked="" type="checkbox"/>				
20. Lump in breast/armpit	<input checked="" type="checkbox"/>							

How much tobacco each day?

NO

Average daily alcohol consumption

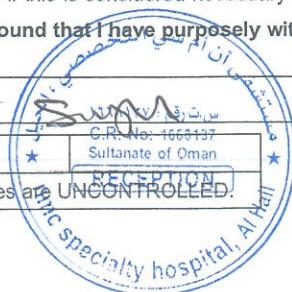
NO

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

FAMILY HISTORY: Diabetes Tuberculosis Epilepsy Asthma Eczema
Heart disease High blood pressure Stroke Blood Disease Cancer

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: **16/08/22**Signature of Applicant: **Ranjit 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										
✓		1. Eyes & Pupils	Rt. Eye 6/6, Lt Eye 6/9 NAD								
✓		2. E.N.T.	Normal								
✓		3. Teeth & Mouth	B.P. chest is clear.								
✓		4. Lungs & Chest	S. e S. to								
✓		5. Cardiovascular System	NOT palpable								
✓		6. Abdo. Viscera	No								
✓		7. Hernial Orifices	Normal								
✓		8. Anus & Rectum	Normal								
✓		9. Genito-urinary	NAD								
✓		10. Extremities	NAD								
✓		11. Musculo-skeletal	NAD								
✓		12. Skin & Varicose Vns.	Normal								
✓		13. C.N.S.	Subacute								
HEIGHT cm		WEIGHT kg	BMI	B.P. 150 100	PULSE 90 /mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT R L 86 89	NEAR R L N N	Colour Vision	Blood Group
169		78.90	27.63							Normal	
N A			LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N A				
✓		1. Urinalysis	Framingham Risk Score = 11.2%				✓	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.)

* Elevated BP without Rx of HTN.

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. MASOOD SIDDIQUE
General Practitioner
MOH Lic. No. 11004
nmc specialty hospital Al Hall

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

REVIEW/CONSULTATION

* Over weight + High B.P + Sputtered FB
Adv. → Internist Consultation ASAP

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

Signature:

