


Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

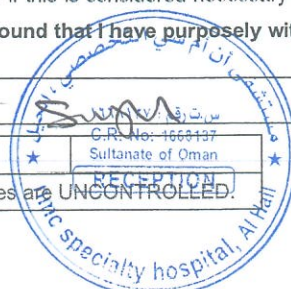
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

| | | | |
|---|--|---|--|
|  | | Surname RANJIT SINGH | |
| | | Forenames KARNAIL | |
| | | Address _____ | |
| Place of examination NMC AL HAIL | | Home telephone number 92062692 | |
| Date 16/03/22 | | | |
| 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 | |
| <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 checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter | |
| Reason for examination Pre-Employment <input checked="" type="checkbox"/> Job: DRIVER | | Number of children: 3 | |
| | | Pre-Overseas <input type="checkbox"/> Area: NIMR | |
| Name and address of family doctor: Dr. Mahood Siddique | | List your last 3 jobs (1) DRIVER (2) DRIVER | |
| Are you a Registered Disabled Person? (UK only) <input checked="" type="checkbox"/> | | Do you belong to any Medical Insurance Scheme? <input checked="" 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 | | | |
| 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 (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: 16/03/22 | | Signature of Applicant: Ranjit Singh | |

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Specification

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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 6/6 |
| ✓ | | 2. E.N.T. | NAD |
| ✓ | | 3. Teeth & Mouth | Normal |
| ✓ | | 4. Lungs & Chest | Bx chest is clear. |
| ✓ | | 5. Cardiovascular System | S & S to |
| ✓ | | 6. Abdo. Viscera | NOT palpable. |
| ✓ | | 7. Hernial Orifices | Not |
| ✓ | | 8. Anus & Rectum | Normal |
| ✓ | | 9. Genito-urinary | NAD |
| ✓ | | 10. Extremities | NAD |
| ✓ | | 11. Musculo-skeletal | NAD |
| ✓ | | 12. Skin & Varicose Vns. | Normal |
| ✓ | | 13. C.N.S. | Subcut. |

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING L R | VISION DISTANT Corrected | NEAR Corrected | Colour Vision | Blood Group |
|--------------|--------------|-------|------------|-----------|-------------------|--------------------------------|-------------------|------------------|----------------|
| 169 | 78.90 | 27.63 | 150 100 | 90 /mins. | | R 6/6 L 6/6 | R N L N | Normal | |

| N | A | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | N | A |
|---|---|--|---|---|
| ✓ | | 1. Urinalysis | ✓ | |
| ✓ | | 2. Hb, Bloodcount, ESR | ✓ | |
| | | 3. LFT, RFT, RBS | ✓ | |
| | | 4. Drug Screen | ✓ | |
| ✓ | ✓ | 5. Lipids (40 years +) | ✓ | |
| ✓ | | 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.)
 * Elevated BP without Dx of HTN.

ASSESSMENT:

☒ FIT ALL AREAS
 ☐ FIT WITH RESTRICTION
 ☐ TEMPORARY UNFIT
 ☐ UNFIT

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

REVIEW/CONSULTATION
 * Over weight + High BP + Impaired FBG
 Adv. → Internist Consultation. ASAP
 Date: 16/8/22 Name (Block Capitals): Dr. / Nurse Signature: [Signature]

