

#1618

62

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname <u>ISLAM</u> Forenames <u>MOHAMMAD NAZRUL</u> Address Home telephone number Employment No # <u>1618</u>																																																																																																																												
Place of examination <input type="text"/>		Date <u>28/3/19</u>																																																																																																																												
If a dependant enter employee's name here: Surname: <u>ISLAM</u> Forenames: <u>MOHAMMAD NAZRUL</u> Birth date: <u>26/12/1990</u> Nationality: <u>BANGLADESH</u> Country of birth: <u>INDIA</u> Religion: <u>ISLAM</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: <u>01</u>																																																																																																																														
Reason for examination <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Job: <input type="checkbox"/> Pre-Overseas <input type="checkbox"/> Area: <u>Rigger</u>																																																																																																																														
Name and address of family doctor <input type="text"/>		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.)																																																																																																																														
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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		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																												
FOR WOMEN ONLY 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																												
Have you ever had:-		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																												
How much tobacco each day? <u>0</u> Average daily alcohol consumption <u>0</u>																																																																																																																														
Have you ever taken elicited drugs? <u>0</u> PDO test all new/potential employees for elicited/recreational drugs																																																																																																																														
FAMILY HISTORY: Diabetes <u>(P)</u> Tuberculosis <u>(P)</u> Epilepsy <u>(P)</u> Asthma <u>(P)</u> Eczema <u>(P)</u> Heart disease <u>(P)</u> High blood pressure <u>(P)</u> Stroke <u>(P)</u> Blood Disease <u>(P)</u> Cancer <u>(P)</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>28/3/19</u>		Signature of Applicant: <u>MOHAMMAD NAZRUL</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	BM I 2 2	B.P. 120/ 80	PULSE 76 mins.	HEARING L R	VISION DISTANT R L R L			NEAR R L R L		Colour Vision	Blood Group			
165	77					Uncorrected Corrected	6/6	6/6	6/6	6/6	N				
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A						
		1. Urinalysis								7. Audiogram					
		2. Hb, Blood count, 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.)

Framingham Risk Score :- 11.

ASSESSMENT:

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

Dyslipidemia
Ad life style modifications
To Rnmls profile after
3 months

REVIEW/CONSULTATION

DATE: 02/04/19



SIGNATURE: