

1443

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1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petroroleum Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <u>JASWINDER</u>	
		Forenames <u>NISHAN SINGH</u>	
Place of examination		Address	
Date <u>28.03.2019</u>		Home telephone number	
		Employment No # <u>1443</u>	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>10.03.1986</u>	Nationality: <u>INDIAN</u>	Country of birth:	Religion:
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination Pre-Employment ☐ Job: Pre-Overseas ☐ Area: <u>Doines</u>			
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	
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/arnpit			
How much tobacco each day? <u>no</u>		Average daily alcohol consumption <u>no</u>	
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: <u>28/3/19</u>		Signature of Applicant: <u>Nishan Singh</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	B.P.	PULSE	HEARING	VISION		Colour Vision	Blood Group
166	74	26.5	130/90	74 mins.	L R	DISTANT Uncorrected Corrected	NEAR R L 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. Sickie Cell test							12. HIV, Hepatitis screening

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

Framingham Risk Score < 1%

ASSESSMENT:

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

Liver enzymes elevated
dyslipidaemia
Adiposity (metabolic)

REVIEW/CONSULTATION

DATE: 02/04/19

DOCTOR NAME

Dr. P. SUDHAKAR
B.Sc., MBBS, DCH (Glasgow)
Sr. Medical Officer
MOH Lic. #: 11526
APOLLO HOSPITAL MUSCAT

SIGNATURE: