

Gave photo copy and went to Nizwa
July 9, 2019

27

#1448

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		Date 28.03.2019	Surname		
			Forenames SUKHWINDER SINGH		
			Address		
			Home telephone number		
			Employment No # 1448		
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: 19/1/1982	Nationality:	Country of birth:	Religion:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children:	
Reason for examination		Job: Crane operator			
Pre-Employment <input type="checkbox"/>		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		✓			
How much tobacco each day? NO			Average daily alcohol consumption NO		
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: 28/3/19		Signature of Applicant: [Signature]			

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. 150 100	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
180	105					R L R L 6/6 6/6 N/6 N/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.)

Known HIV on medication
Admission consent form
Type 2 DM
Hx of high cholesterol

ASSESSMENT:

- ☒ FIT ALL AREAS found fit to work with due risk
- ☐ FIT WITH SPECIFIC RESTRICTION
- ☐ TEMPORARY UNFIT
- ☐ AWAITING SPECIALIST ASSESSMENT

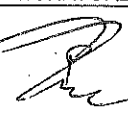
Formulation Risk Score: 1.0 %

REVIEW/CONSULTATION

DATE: 02/04/19

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

Seen by physician, Badar Basha
on 5/4/2019.
Admission and LSP
and Regular FU and found
fit to work with due risk.

SIGNATURE: 
22/4/19

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