

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		Surname																																																																																																									
		28.03.2019		Forenames																																																																																																									
				Address																																																																																																									
				Home telephone number																																																																																																									
				Employment No # 1448																																																																																																									
If a dependant enter employee's name here:																																																																																																													
Surname:				Forenames:																																																																																																									
Birth date: 19/03/1982		Nationality:		Country of birth:																																																																																																									
<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		Pre-Employment <input type="checkbox"/> Job: Pre-Overseas <input type="checkbox"/> Area:		Crane operator																																																																																																									
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.)																																																																																																													
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How much tobacco each day? <input type="checkbox"/>		Average daily alcohol consumption <input type="checkbox"/>																																																																																																											
Have you ever taken elicited drugs? <input type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																																													
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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:		8/4/2019																																																																																																									

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	B.P. 150 100	PULSE /mins.	HEARING L R	VISION				Colour Vision	Blood Group	
180	105					DISTANT Uncorrected Corrected	6/6	6/6	R L	N/6	N/6	(N)
						NEAR R L						
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 HTN on medication

At physician consent

Type 2 DM

HbA1c 7.0% (checked)

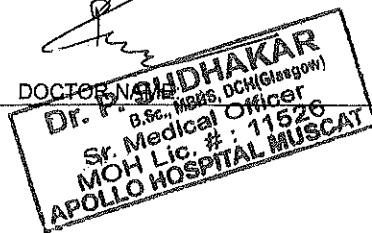
ASSESSMENT:

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

found fit to work with
due risk

REVIEW/CONSULTATION

DATE: 02/09/19



seen by physician, Badrathrak
on 5/9/2019.

Ad medication and LBM
and Regular fu and found

SIGNATURE: fit to work with
due risk.

