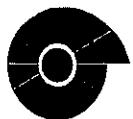


#1457

(5)

## 1.1 Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman  
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination Adam		Date 29/3/19	Surname Harjinder Singh Forenames Address Home telephone number Employment No # 1457																																																																																																														
If a dependant enter employee's name here: Surname: Forenames: Birth date: 21-6-1978 Nationality: Indian 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: 1																																																																																																																	
Reason for examination Pre-Employment Pre-Overseas		Job: Area:	Forklift 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																																																																																																																	
FAMILY HISTORY: Diabetes ( <input checked="" type="checkbox"/> ) Tuberculosis ( <input checked="" type="checkbox"/> ) Epilepsy ( <input checked="" type="checkbox"/> ) Asthma ( <input checked="" type="checkbox"/> ) Eczema ( <input checked="" type="checkbox"/> ) Heart disease ( <input checked="" type="checkbox"/> ) High blood pressure ( <input checked="" type="checkbox"/> ) Stroke ( <input checked="" type="checkbox"/> ) Blood Disease ( <input checked="" type="checkbox"/> ) Cancer ( <input checked="" type="checkbox"/> )																																																																																																																	
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: 29/3/19		Signature of Applicant: Harjinder Singh																																																																																																															

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 1 32.94	B.P. 130 90	PULSE /mins. 76	HEARING L R R	VISION DISTANT Uncorrected Corrected	VISION NEAR R L 6/6 6/6 R L 6/6 6/6	Colour Vision N	Blood Group			
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.)

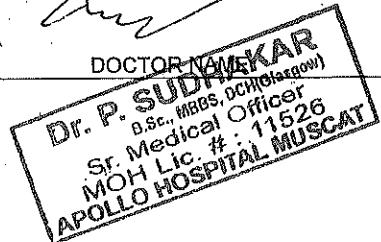
✓ FRAMINGHAM RISK SCORE - 2%

ASSESSMENT:

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

REVIEW/CONSULTATION

DATE: 02/04/19



SIGNATURE: