
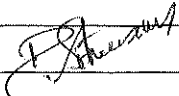


#1459

7

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>SATHISH KUMAR</u> | |
| | | Forenames | |
| Place of examination | | Address | |
| Date <u>28.03.2019</u> | | Home telephone number | |
| Employment No # <u>1459</u> | | | |
| If a dependant enter employee's name here: | | | |
| Surname: | | Forenames: | |
| Birth date: <u>25/11/1983</u> | Nationality: <u>INDIAN</u> | Country of birth: | Religion: <u>HINDU</u> |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced | 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: <u>Driver</u> | | | |
| 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 | |
| 1. Sinus trouble | | <input checked="" type="checkbox"/> | 21. Cancer |
| 2. Neck swelling/glands | | <input checked="" type="checkbox"/> | 22. Heart Disease |
| 3. Difficulty in vision | | <input checked="" type="checkbox"/> | 23. Rheumatic fever |
| 4. Any ear discharge | | <input checked="" type="checkbox"/> | 24. Abnormal heartbeat |
| 5. Asthma/bronchitis | | <input checked="" type="checkbox"/> | 25. High blood pressure |
| 6. Hayfever /other significant allergy | | <input checked="" type="checkbox"/> | 26. Stroke |
| 7. Any skin trouble | | <input checked="" type="checkbox"/> | 27. Serious chest pain |
| 8. Tuberculosis | | <input checked="" type="checkbox"/> | 28. Any blood disease |
| 9. Shortness of breath | | <input checked="" type="checkbox"/> | 29. Kidney disease |
| 10. Coughed/vomited blood | | <input checked="" type="checkbox"/> | 30. Blood in urine |
| 11. Severe abdominal pain | | <input checked="" type="checkbox"/> | 31. Diabetes |
| 12. Stomach ulcer | | <input checked="" type="checkbox"/> | 32. Headaches/migraine |
| 13. Recurrent indigestion | | <input checked="" type="checkbox"/> | 33. Dizziness/fainting |
| 14. Jaundice or hepatitis | | <input checked="" type="checkbox"/> | 34. Epilepsy |
| 15. Gall Bladder disease | | <input checked="" type="checkbox"/> | 35. Joints/spinal trouble |
| 16. Marked change in bowel habits | | <input checked="" type="checkbox"/> | 36. Surgical operation |
| 17. Blood in stools (motions) | | <input checked="" type="checkbox"/> | 37. Serious accident/fracture |
| 18. Marked change in weight | | <input checked="" type="checkbox"/> | 38. Tropical disease |
| 19. Varicose veins | | <input checked="" type="checkbox"/> | 39. Fear of heights |
| 20. Lump in breast/ampit | | <input checked="" type="checkbox"/> | |
| How much tobacco each day? <u>4.5 da</u> | | Average daily alcohol consumption <u>Occ</u> | |
| Have you ever taken elicited drugs? <input checked="" 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: <u>28/3/19</u> | | Signature of Applicant:  | |

PHYSICAL EXAMINATION

| 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 |

FRAMINGHAM RISK SCORE :- 2:0%

Type 20m.
Combined Hypophyseus.
Adiposus
mentum

Severyn Pugonichin
1517119

by padanarahip
found 17

DOCTOR NAME:

SIGNATURE:

NATURE: 28719

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