

#10149

(3)

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		Date <u>28/03/2019</u>		Surname <u>YOUSAF SAIF ALI AL MANTJI</u>																																																																																																																											
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Birth date: <u>29/03/1975</u>		Nationality: <u>Oman</u>		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		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																																																																																											
Number of children: _____																																																																																																																															
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Name and address of family doctor		List your last 3 jobs																																																																																																																													
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		(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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Tuberculosis</td> <td><input type="checkbox"/> 35. Joints/spinal trouble</td> <td><input type="checkbox"/> 36. Surgical operation</td> <td><input type="checkbox"/> 61. Have you ever had:-</td> <td><input type="checkbox"/> 62. Any abnormal smear</td> <td><input type="checkbox"/> 63. Any gynaecological treatment</td> </tr> <tr> <td><input checked="" type="checkbox"/> 9. Shortness of breath</td> <td><input type="checkbox"/> 37. Serious accident/fracture</td> <td><input type="checkbox"/> 38. Tropical disease</td> <td><input type="checkbox"/> 64. Any abnormal smear</td> <td><input type="checkbox"/> 65. Any gynaecological treatment</td> <td><input type="checkbox"/> 66. Are you pregnant?</td> </tr> <tr> <td><input checked="" type="checkbox"/> 10. Coughed/vomited blood</td> <td><input type="checkbox"/> 39. Fear of heights</td> <td><input type="checkbox"/> 40. Headaches/migraine</td> <td><input type="checkbox"/> 67. Have you ever had:-</td> <td><input type="checkbox"/> 68. 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How much tobacco each day? <u>0.00</u>		Average daily alcohol consumption <u>0.00</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>28/03/19</u>		Signature of Applicant: <u>S. S.</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				PULSE	HEARING	VISION				Colour Vision	Blood Group				
✓		1. Eyes & Pupils			70 /mins.	L R R L	DISTANT NEAR				N					
✓		2. E.N.T.					R L R L									
✓		3. Teeth & Mouth					Uncorrected						6/6 6/6			
✓		4. Lungs & Chest					Corrected						n/6 n/6			
✓		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.												
182 cm		63 kg	5.0	140/80 mmHg												
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.)

Examination Risk Score : 5.0 %

ASSESSMENT:

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

Combined Hypertension
Adjuvant treatment.

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: