

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 BADR AL SAMAA		Date 8/3/21	Surname HANADAN SALEEM HANADAN AL MASHARI		
If a dependant enter employee's name here:			Forenames :		
Birth date: 01.01.1972			Address		
Nationality:			Home telephone number		
Country of birth:			Religion:		
☒ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced			Relationship to employee ☐ Wife ☐ Son ☐ Daughter		
Reason for examination Pre-Employment Job: ☐			Number of children:		
Pre-Overseas Area: ☐					
Name and address of family doctor			List your last 3 jobs		
			(1)		
			(2)		
Are you a Registered Disabled Person? (UK only) ☐			Do you belong to any Medical Insurance Scheme? ☐		
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? NU			Average daily alcohol consumption NU		
Have you ever taken elicited drugs? ☒ PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes ☒ Tuberculosis ☒ Epilepsy ☒ Asthma ☒ Eczema ☒					
Heart disease ☒ High blood pressure ☒ Stroke ☒ Blood Disease ☒ Cancer ☒					
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: 8/3/21			Signature of Applicant:		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A			Normal & Reactive mm's S1h⊕, x20 mmmm doff. m⊕ normm normm normm normm normm normm normm							
		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	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
180	108	33.3	132/88	74 /mins.	L R	DISTANT Uncorrected Corrected	NEAR R L R L 6/6 6/6 N/6 N/6	(N)		4+	
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
✓		1. Urinalysis									7. Audiogram
✓		2. Hb, Bloodcount, 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.)											
DLP- Advised lifestyle modification											
ASSESSMENT:											
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐											
Date: 08/03/24 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 08/03/24 Name (Block Capitals): Dr. / Nurse Signature:											



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