

10157

2 yrs.

2

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		Forenames		Address		
		27/03/2019	KHALID HAMDAN ALI AL QHAWANI				Home telephone number		
			Employment No #		10157				
If a dependant enter employee's name here:									
Surname:			Forenames:						
Birth date:		Nationality:		Country of birth:		Religion:			
10/08/1981		Omani							
<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		Number of children:					
				<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter					
Reason for examination		Pre-Employment <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: ARMS SUPERVISOR					
				Area: ASST. RIG MOVE SUPERVISOR					
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			Y	N	Y	N
1. Sinus trouble			✓	21. Cancer			✓	HAVE YOU EVER BEEN:-	
2. Neck swelling/glands			✓	22. Heart Disease			✓	40. Rejected for employment or insurance for medical reasons	
3. Difficulty in vision			✓	23. Rheumatic fever			✓	41. Awarded benefits for industrial injury/illness	
4. Any ear discharge			✓	24. Abnormal heartbeat			✓	42. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis			✓	25. High blood pressure			✓	43. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy			✓	26. Stroke			✓	44. Exposed to toxic substance or noise	
7. Any skin trouble			✓	27. Serious chest pain			✓	FOR WOMEN ONLY	
8. Tuberculosis			✓	28. Any blood disease			✓	Have you ever had:-	
9. Shortness of breath			✓	29. Kidney disease			✓	45. An abnormal smear	
10. Coughed/vomited blood			✓	30. Blood in urine			✓	46. Any gynaecological treatment	
11. Severe abdominal pain			✓	31. Diabetes			✓	47. Are you pregnant?	
12. Stomach ulcer			✓	32. Headaches/migraine			✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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?				Average daily alcohol consumption					
Cigar				No					
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs									
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)									
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)									
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:		Signature of Applicant:							
28/3/19									

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 I	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT R L R L Uncorrected Corrected	Colour Vision	Blood Group
165cm	77 kg	28	120/80	80/min		6/6 6/6 N/6 N/6	20	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		7. Audlogram
		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

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Fracture Risk Score : 4.0%

ASSESSMENT:

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

Type 2 DM
Combined HLP
Adiposity consultation

REVIEW/CONSULTATION

DATE 02/09/19

DOCTOR

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

SIGNATURE:

Seen by Dr. P. Sudhakar
Yes medical advice
on 15/4/19
issued 17