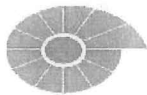


Appendix 32: EX1 Form (Initial Examination Report)

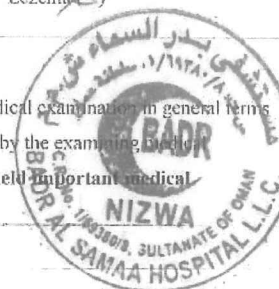
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname <u>Sukwinder Singh</u>					
Forenames :					
Address					
Home telephone number					
Place of examination BADR AL SAMAA	Date <u>14/08/22</u>				
If a dependant enter employee's name here:					
Surname:					
Forenames:					
Birth date:	Nationality:				
Country of birth:					
Religion:					
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced				
Relationship to employee					
☐ Wife ☐ Son ☐ Daughter					
Number of children:					
Reason for examination Pre-Employment Job: ☐					
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	Y	N
	☒		☒	HAVE YOU EVER BEEN:-	
1. Sinus trouble		21. Cancer		40. Rejected for employment or insurance for medical reasons	
2. Neck swelling/glands		22. Heart Disease		41. Awarded benefits for industrial injury/illness	
3. Difficulty in vision		23. Rheumatic fever		42. Treated for a mental condition, e.g. depression	
4. Any ear discharge		24. Abnormal heartbeat		43. Treated for problem drinking or drug abuse	
5. Asthma/bronchitis		25. High blood pressure	☒	44. Exposed to toxic substance or noise	
6. Hayfever/other significant allergy		26. Stroke		FOR WOMEN ONLY	
7. Any skin trouble		27. Serious chest pain		I have you ever had:-	
8. Tuberculosis		28. Any blood disease		45. An abnormal smear	
9. Shortness of breath		29. Kidney disease		46. Any gynaecological treatment	
10. Coughed/vomited blood		30. Blood in urine	☒	47. Are you pregnant?	
11. Severe abdominal pain		31. Diabetes		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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? <u>none</u>		Average daily alcohol consumption <u>none</u>			
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 doctor/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>14/08/22</u>		Signature of Applicant: <u>[Signature]</u>			
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					



Tam - Glycomet SP - 3/850 - 100

Dp - ator - f 007

SH - nactamol - 50 + Anlos - 100

D.B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION			
N	A						
		1. Eyes & Pupils				Normal	Reaction
		2. E.N.T.					
		3. Teeth & Mouth					
		4. Lungs & Chest				MMH	
		5. Cardiovascular System				Sch (P) NO	normal
		6. Abdo. Viscera				Soft, (P)	normal
		7. Hernial Orifices					normal
		8. Anus & Rectum					normal
		9. Genito-urinary					normal
		10. Extremities					normal
		11. Musculo-skeletal					normal
		12. Skin & Varicose Vns.					normal
		13. C.N.S.					normal
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision
180	101	31.2	120/90	70 mins.	L R	DISTANT NEAR Uncorrected Corrected	W
						R L R L 6/6 6/6 6/6 6/6	OT
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.)

Known T2DM / SHT / DCP on medical treatment.
NASH - advised treatment

ASSESSMENT:

FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐

Date: 14/05/2022 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 14/05/2022 Name (Block Capitals): Dr. / Nurse Signature:

[Signature]

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

