

10129

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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 Adam		Date 29/3/19	Surname <i>Hamad salim said AL mahmudi</i>																																																																																			
			Forenames																																																																																			
			Address																																																																																			
			Home telephone number																																																																																			
			Employment No # 10129																																																																																			
If a dependant enter employee's name here: Surname: <i>3-12-1981</i> Forenames: Birth date: <i>3-12-1981</i> Nationality: <i>OMANI</i> Country of birth: Religion: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced Relationship to employee <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: <i>3</i>																																																																																						
Reason for examination		Pre-Employment <input type="checkbox"/> Job: <i>op 8 action Suptd. Business Unit Manager</i>	Pre-Overseas <input type="checkbox"/> Area: <i>Business Unit Manager</i>																																																																																			
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.)																																																																																						
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HAVE YOU EVER BEEN:- 40. Rejected for employment or insurance for medical reasons 41. Awarded benefits for industrial injury/illness 42. Treated for a mental condition, e.g. depression 43. Treated for problem drinking or drug abuse 44. Exposed to toxic substance or noise FOR WOMEN ONLY Have you ever had:- 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? NOT MENTIONED ABOVE																																																																																						
How much tobacco each day? <i>0g</i> Average daily alcohol consumption <i>0g</i>																																																																																						
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs																																																																																						
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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: 29/3/19		Signature of Applicant: <i>[Signature]</i>																																																																																				

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. 140 90	PULSE /mins. 76	HEARING L R	VISION		Colour Vision N	Blood Group
						DISTANT R L	NEAR R L		
176	97	6	90			Uncorrected 6/6 6/6	Corrected 6/6 6/6		

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.)

Operated left lower limb, Amputation. A right limb in 1994.

ASSESSMENT:

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

From: Dr. P. Sudhakar Date: 02/04/19 Score: 2 %

REVIEW/CONSULTATION

DATE: 02/04/19



SIGNATURE: