 # 1632

(9)

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	Surname **SALAM CHAUSH**
	Forenames
	Address

Place of examination **Adam.**	Date **29/3/19**	Home telephone number
		Employment No # **1632**

If a dependant enter employee's name here:

Surname: | Forenames:

Birth date: **3-4-75** Nationality: **Indian** | Country of birth: | Religion:

[✓] Male [ ] Female | [ ] Married [ ] Single [ ] Separated /Divorced | Relationship to employee: [ ] Wife [✓] Son [ ] Daughter | Number of children: **2**

Reason for examination   Pre-Employment [ ]   Job: **Mechanic**
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
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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY** Have you ever had:- **NA**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓			
18. Marked change in weight		✓	38. Tropical disease		✓	47. Are you pregnant?		
19. Varicose veins		✓	39. Fear of heights		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		✓
20. Lump in breast/armpit		✓						

How much tobacco each day? **No**   Average daily alcohol consumption **No**

Have you ever taken elicited drugs? (✓ No) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (No)   Tuberculosis (No)   Epilepsy (No)   Asthma (No)   Eczema (No)
Heart disease (No)   High blood pressure (No)   Stroke (No)   Blood Disease (No)   Cancer (No)

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: _____

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	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION DISTANT / NEAR				Colour Vision	Blood Group
							R	L	R L		
155	85	35·38	140/90	78		Uncorrected	6/6	6/6	6/6 6/6	N	
						Corrected					

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.)

* FRAMINGHAM RISK SCORE - 8% 4% Dyslipidemia
Ad lifestyle modificats
To R for lip. profile glucose

ASSESSMENT:

- ☑ FIT ALL AREAS

- ☐ FIT WITH SPECIFIC RESTRICTION

- ☐ TEMPORARY UNFIT

- ☐ AWAITING SPECIALIST ASSESSMENT

REVIEW/CONSULTATION

DATE: 02/04/19

DOCTOR NAME:

SIGNATURE: