

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)  
**Routine/Periodic Examination Report (Medical - Confidential)**

Ref No: 19870 Reg. Dt: 12.08.2023

Name: MAJID MUZAFFAR

Gender: Male Nationality: PAKISTANI

Leum Development Oman  
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No: 72747041

Address: 116 220914

Surname/  
Forenames: MAJID MUZAFFAR

Nationality: PAKISTANI # DOB: - 21/05/87

Company Number: 1810 Reference Indicator:

**Personal Details**

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
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Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
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**Reason for Examination (tick as appropriate)**

Periodic Medical Examination  Final / Retirement  Other Reason:

**Employee only**

B Present Job and Location: RIGGER Next Job and Location:

Are you a registered person with special needs?  Do you belong to any Medical Insurance Scheme?

**Previous Medical History:** All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

**Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe**

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	✓		
1 Ear, nose, eye or throat problems	✓		
2 Chest problems like asthma, bronchitis, another bad cough	✓		
3 Heart abnormality, chest pains	✓		
4 Abdominal pains, abnormal bowel motions	✓		
5 Urogenital problems (kidney disease, menstrual disorder)	✓		
6 Skin trouble or allergies	✓		
7 Epileptic fits, dizzy spells or migraine	✓		
8 History of mental illness, depression, anxiety	✓		
9 Diabetes, thyroid disease, history of Hypertension	✓		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11 Any history of accidents or fractures	✓		
12 Have you had any serious allergies	✓		
13 Do any dependants have a significant ongoing illness?	✓		
14 Any family history of cancers	✓		
Do you take any regular medicines, or have you taken in the past?	✓		
Do you smoke? If yes, what and how much each day?	✓		
Do you drink alcohol? If yes, what is your average weekly intake?	✓		
Have you ever taken elicited/recreational drugs?	✓		
Are you doing regular sports or physical activities?	✓		

**STATEMENT:** I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 12 - 08 - 2023

Signature of Applicant:





**Appendix 33: EX2 Form (Routine/Periodic Medical Examination)**  
**ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**

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 170	WEIGHT kg 95	BMI 32.9	B.P. 130 80 mmhg	PULSE 72/mins.	HEARING L N R N Uncorrected Corrected	VISION DISTANT R L Uncorrected Corrected 6/6 6/6			NEAR R L R L	Color Vision ✓ Normal 2 Abnormal

N		A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A						
✓		1. Urinalysis		XFBs					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.)

1. LBM & RFL (Lwt, Exercise & diet)

2. check glycemic profile in later

**ASSESSMENT AND RECOMMENDATIONS:**

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Date: 13/8/23 Name (Block Capitals): Dr. / Nurse

Dr. Shima Al-Sabah  
Cardiologist Specialist  
MOH Lic. No. 21962

Signature:



**REVIEW/CONSULTATION**

Date:

Name (Block Capitals): Dr. / Nurse

Signature: