Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	EJAZ AHMED
Nationality: Pakistan	DATE OF BIRTH: 1/1/72
Mobile No: 98110540	Address: 69827161
Company Number:	Reference Indicator:

Personal Details — **COMPANY NAME: -**

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☐ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: | 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	Epilepsy 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 your 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 alcohol/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: 22/06/2023 **Signature of Applicant:** [signature]

Appendix 33. FX2 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	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
164	118	43	140/80 mmHg	100/mins	L N R N	DISTANT: Uncorrected 6/6 6/6; Corrected NEAR: R L	1. Normal 2. Abnormal

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 SR, nsVT, PVC, LVH by voltage criterion
—		5. Lipids (40 years +)		11.21	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 morbid obesity

Intensive counselling → ② HTN on med

1. LSM & RE-R (diet, exercise & diet)
2. MFU (in labs by internist as above)
3. Titrate the medications properly

ASSESSMENT AND RECOMMENDATIONS:

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

Date 22/6/23 Name (Block Capitals) Dr / Nurse: Dr. Zulkifli bin Abdullah Jafar, Cardiologist, MOH Lic. No. 21982 Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals) Dr / Nurse: Signature:

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Fitness Certificate

Empno:
Date of issue : *15/06/2023*

Ref No : *0001446/FIT/NMC/2023*

This is to certify that Mr. / Mrs. *EJAZ AHMED* with file no *50102041* and Resident card no. *69827461* was *Treated* at *NMC GHUBRAH* on *15/06/2023* and will be *FIT FOR WORK* from the medical point of view starting from *15/06/2023*

DIAGNOSIS
I10-Essential (primary) hypertension

Remarks
NEWLY DIAGNOSED CASE OF ESSENTIAL HYPERTENSION. MANAGED IN ER WITH ANTI HYPERTENSIVE MEDICATION. ECG WAS NORMAL. STARTED ON MEDICATION. TO REVIEW ON 22/6/2023 FOR RECHECK.

DR ANIL DEVARAJ

Place: *nmc specialty hospital,al-hail*

(Hospital Seal)

Signature

nmc

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail

PROCEDURE

Name: **EJAZ AHMED**	File No : **50102041**
Customer : **TRUCKOMAN EQUIPMENT RENTAL LLC (Credit)**	Gender: **Male**
Date : **15/06/2023**	Age: **51 Y**

Sl No	ICD Code	Diagnosis

Sl No	Special Notes	Code	Name	Qty	Remarks	Billed / Not billed
1		TAB_AMLODAR	TAB AMLODAR 5 MG	1	5MG P/O STAT	
2		TAB_CONCORS	TAB CONCOR 5MG	1	5MG STAT	

Name & Signature

DR ANIL DEVARAJ

15/06/2023 18:02:29

Recheck R/P after 30 min

Inj. Lasix [illegible]

Inj. Labetalol 20mg IV over 5 min

nmc

Investigation

Name: **EJAZ AHMED**
Customer: **TRUCKOMAN EQUIPMENT RENTAL LLC**
Date: **15/06/2023**

File: **50102041**
Gender: **Male**
Age: **51 Y**

Sl No	Special Notes	Code	Name	Remarks	Billed/Not Billed
1		ECG	ECG		

Name & Signature of Doctor

DR ANIL DEVARAJ
GENERAL MEDICINE

NMC Healthcare LLC

صيدلية PHARMACY

ان ام سي للرعاية الصحية ش م م

TAX INVOICE

Invoice and Service Date: 15/6/2025 Invoice No. S-PH-178505 Time : 08:21 PM

File No/Name	: 50102041 - ELAZ AHMED	Doctor	: (D492) DR ANIL DEVARAJ
Address	:	ID No	: RC
AGE	: 51 Y GENDER : M	W.Company	:
Customer	: (13021740) TRUCKOMAN EQUIPMENT RENTAL LLC	Class	: (NORMAL) NORMAL
Cus VATIN	:	Address	:
		Phone	: Pay.Terms:

No.	Item Description	Unit	Qty.	Rate	Disc.	Taxable	VAT CD	VAT%	VAT	Amount
1	SENERGY TAB(Amlodepine 10mg/ Valsartan 160mg)30's D07536A 577F 01/2025	Box30	1 / 0	6.540	0.000	6.540		0	0.000	6.540
2	CONCOR 5MG TAB, 30's 000043A 8210875 04/2025	PK30	1 / 0	3.440	0.000	3.440	VAT0	0	0.000	3.440

CASH RECEIVED

Deductible Amount	: 0.000	Company Credit	: 0.000	Taxable Amount	: 9.980
VAT On Deductible	: 0.000	VAT On Credit	: 0.000	Total VAT Amount	: 0.000
Net Deductible Amount	: 0.000	Amount	: 0.000	Net Amount	: 9.980

Prepared & Dispensed By: User : 10992 Page : 1 of 1

Tony pending
1 BP
for referral

Peace Land Medical Center
P O. Box 1403, Postal Code: 133. Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	EJAZ AHMED	**Doc No:**	0034219
Age:	51 Y **Nationality:** PAKISTANI	**File No:**	0015783
Gender:	M	**Bill No:**	0051029
Ref. By:	DR.SHIMA	**Date:**	12/06/2023
GSM No.:	96144840	**Time:**	17:27

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4 0- 5.2x10^12/L
HAEMOGLOBIN	14.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.3 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.3 pg	27 - 33 pg
MCHC	32.6 g/dl	29 6 - 35.6 %
WBC COUNT	9.9 x 10^9/L	4 0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**259 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	87 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.50 mg/dl**	0 - 2 0 mg/dl
S G.O.T.	**17.4 U/L**	0 - 35.0 U/L
S G.P.T.	**29.7 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel. 24617117/24617148/24617149

LAB RESULT

Name:	EJAZ AHMED	**Doc No:**	0034219
Age:	51 Y **Nationality:** PAKISTANI	**File No:**	0015783
Gender:	M	**Bill No:**	0051029
Ref. By:	DR.SHIMA	**Date:**	12/06/2023
GSM No.:	98144640	**Time:**	17.27

Test	Result	Normal Range
ALBUMIN	**3.8 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**29.5 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.86 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**144 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**75.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**45.4 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**83.6 mg/dl**	< 100 mg/dl
VLDL	**15.0 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**6 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	**Negative**	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	**Negative**	

Medical Technologist

Peace Land Medical Center
P.O Box 1403, Postal Code: 133, Al Azaiba. Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	EJAZ AHMED	**Doc No:**	0034219
Age:	51 Y **Nationality:** PAKISTANI	**File No:**	0015783
Gender:	M	**Bill No:**	0051029
Ref. By:	DR.SHIMA	**Date:**	12/06/2023
GSM No.:	98144840	**Time:**	17:27

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**116.2 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

.....
Medical Technologist

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

EJAZ AHMED
0018783 # 51 Y/M M-S-R- Bill 00849
78388 12-06-23 12:38

Empl	Date: 12/6/23
Name	Department/Company: T.O
I. D No	Occupation: 4-DD

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

Score	Situation
0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting & talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	0

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Ejaz (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 12/6/2023

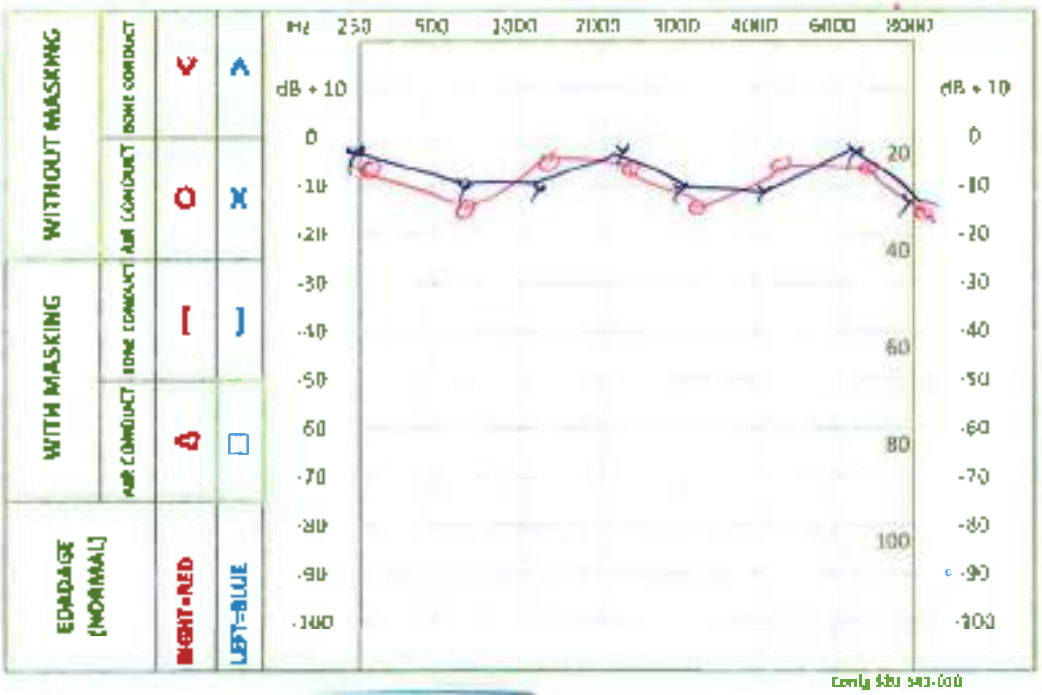
PEACE LAND MEDICAL CENTER

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

ELIAZ AHMED
0015783 M 51 YRS 00610
78308 12-06-23 12:36

METRY TEST REPORT

NAM	COMPANY	T.O
AGE	OCCUPATION	
REF.L	DATE	12/6/2023



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

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Tel. 24617117, 24617149 - 24617145

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 Years

Treatment Suggestions

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

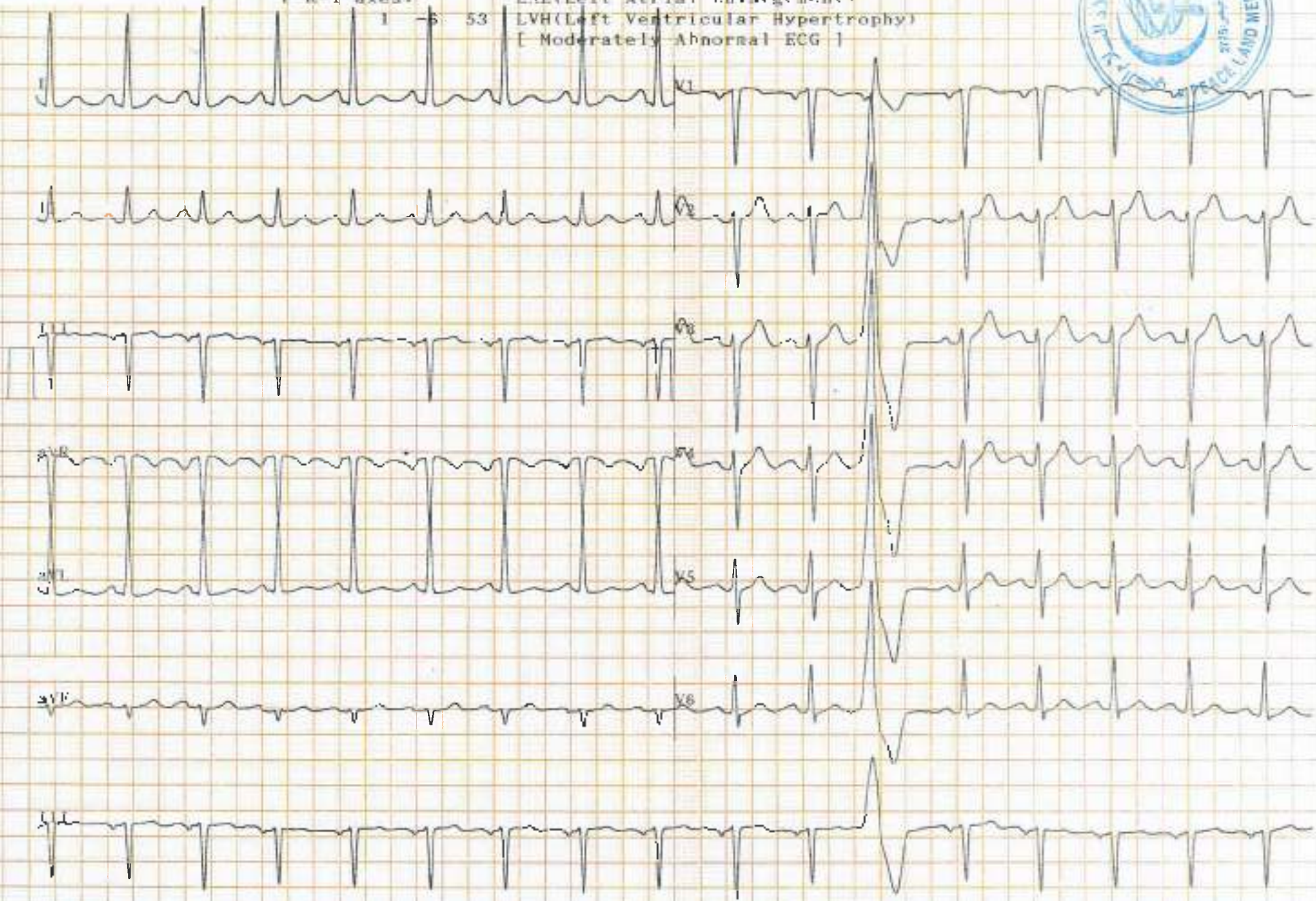
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

E.AZ AHMED

Hospital:
Prescribed by:

Heart Rate: 101bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 144 ms Sinus Tachycardia(HR:100-130)
QRS Dur.: 78 ms PVC(Prerature Ventricular Contraction)
QT/QTc: 320/415 ms Normal Axis
P-R-T axes: LAE(Left Atrial Enlargement)
1 -6 53 LVH(Left Ventricular Hypertrophy)
[Moderately Abnormal ECG]

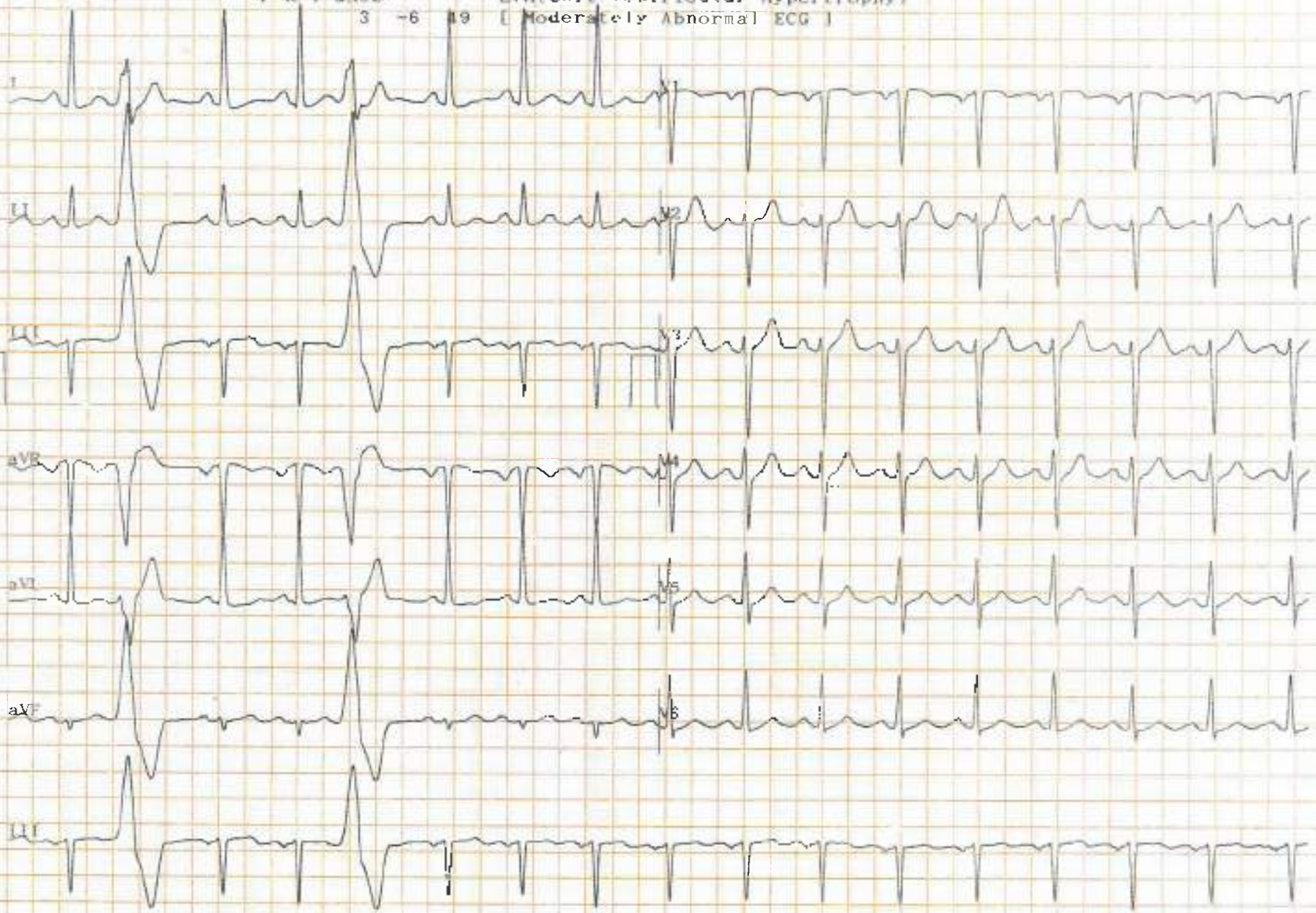


6 Channel * 1 Rhythm Report

Hospital:
Prescribed by:

ID :
Name:
yrs. / Male
cm / kg

Heart Rate: 104bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 134 ms Sinus Tachycardia(HR:100-130)
QRS Dur.: 82 ms PVC(Premature Ventricular Contraction)
QT/QTc: 332/426 ms Normal Axis
P-R-T axes: LVH(Left Ventricular Hypertrophy)
3 -6 49 [Moderately Abnormal ECG]



مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	2.2.6.23
Name	EJAZ AHMED	Department/Company	
I.D No.	64826461	Occupation	DRIVER

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A5 Fire / Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	✓
A3 Business traveller		A8 Remote location work	✓
A4 Catering and food preparation		A9 Travel to – group A country	
A6 Crane or forklift driving & all heavy vehicles	✓	A10 Travel to – group B country	

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			FIT
Fit with following restrictions			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	
Work near moving machinery or sharp edges			
Working at height			
Pulling, pushing or carrying weight over ... Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit		Date	2.2.6.23
Name of health advisor Signature			Dr. [illegible] Consultant Physician MOH Lic. No. 21962