

Patient 18098 Reg.Dt 02.05.2023  
Name BALRAJ SINGH  
Gender Male Nationality INDIAN

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

Petroleum Development Oman  
MEDICAL DEPARTMENT

Surname/  
Forenames

BALRAJ SINGH

Nationality

INDIAN #D.O.B # 10-03-1973

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. 97877396

Address: 114780557

Company Number:

Reference Indicator:

Personal Details

A ☒ Male ☐ Female

☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife

☐ Son

☐ Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location: MECHANIC

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	✓		DM ON MEDICATION
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?	✓		METFORMIN 250mg, 1-0-1
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: 02/05/23

Signature of Applicant:

ATQ 211 hmu







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ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE									
Further details of medical history and recreational activities									
N = Normal A = Anormal (please describe)				PHYSICAL EXAMINATION					
N	A								
✓		1. Eyes & Pupils							
✓		2. E.N.T.		RT TYMPANO PLASTY					
✓		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	
180	92	28.4	130 90	88 mins.	LN RN	DISTANT R L	NEAR R L	1. Normal	
			mmhg			Uncorrected	Corrected	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
	✓	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.)									
Adv: - Diet control, - Regular exercise - Review in Six months (HbA1C.)									
ASSESSMENT AND RECOMMENDATIONS:									
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT									
Date:		Name (Block Capitals): Dr. / Nurse				Signature:			
REVIEW/CONSULTATION									
Date:		Name (Block Capitals): Dr. / Nurse				Signature:			