

Patient 18898 Reg.Dt 02/05/2023

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Name BALRAJ SINGH
Gender Male Nationality INDIANPetroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames BALRAJ SINGH

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

Mobile No. 97877396

Address: 114780557

Company Number:

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: 1
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Reason for Examination (tick as appropriate)		
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Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only		
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B Present Job and Location: MECHANIC	Next Job and Location:
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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?	✓		TIMETFORMIN 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: *ATB D11*



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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. mmhg	PULSE 88mins.	HEARING L N R N	VISION DISTANT R L R L Uncorrected 6/66/6 Corrected			Color Vision 1. Normal 2. Abnormal
180	92	28.4	130 90						
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
✓	✓	1. Urinalysis 2. Hb, Blood count, ESR 3. LFT, RFT, RBS 4. Drug Screen 5. Lipids (40 years +) 6. Sickle Cell test				✓		7. Audiogram 8. Lung Function 9. Chest X-Ray 10. ECG 11. CVS risk for 40 yrs. & above 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			Dr. Abdul Rahim Beary MOH Licence No. 1441			Signature:		
REVIEW/CONSULTATION									
Date:	Name (Block Capitals): Dr. / Nurse			Dr. Abdul Rahim Beary MOH Licence No. 1441			Signature:		

