



TON - ECG

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

E/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Ref. No. 19449 Reg. Dt. 06/07/2023

Name SAJEEV SAHAJAN

Gender Male

Development Oman
L DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSSurname/
Forenames KALLINUAL SAHAJAN
SAJEEV
Nationality INDIAN DOB# 02/03/1980

Mobile No. 95485892 Address: 69314144

Company Number: 6131 Reference Indicator:

Personal Details

A Male Female Married Single Separated /Divorced /Widow(er)Home/Leave Address: Wife Son Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: ELECTRICIAN

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 & Hypertension on Tx
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?	✓		Tab. only (Phase 560312, UMEMINERD)
Do you smoke? If yes, what and how much each day?	✓		Tab. cased CT, DB
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 or 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: 06/07/2023

Signature of Applicant:





Appendix B3: 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								
✓	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. 130 90 mmhg	PULSE 88/mins.	HEARING L N R N	VISION DISTANT R L Uncorrected Corrected	NEAR R L	Color Vision 1. Normal 2. Abnormal		
165	90	33.1				9/6	9/6			
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 +)					11-12	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.)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT NFIT

Date:

FIT

Name (Block Capitals): Dr. / Nurse

DR. SHAH FAISAL

Signature:

General Practitioner**MOH Lic No. 22368***RF*

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

