



TRUCKOMAN



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

18989 Reg-Dt 10/12/2022

ZAIN ALI MUHAMMAD SADIQ

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL –  
CONFIDENTIAL)Petroleum Development Oman  
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/ Forenames		ZAIN ALI MUHAMMAD SADIQ
Nationality		PAKISTANI DOB-21/11/1989

Mobile No. 95971396	Address: 88936039	Company Number: 1924	Reference Indicator:
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## 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: 2
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## Reason for Examination (tick as appropriate)

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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## Employee only

B Present Job and Location: HD DRIVER	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				
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia				
11 Any history of accidents or fractures				
12 <b>Have you had any serious allergies</b>				
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? OCCASIONALLY				
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: 10/12/2022

Signature of Applicant: *Zain Ali*



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

		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. 126 74 /mins.	PULSE kg	HEARING L R	VISION					Color Vision		
165	81	29.8	80 mmhg		N N	DISTANT Uncorrected Corrected	L R	NEAR 6/6 6/6	R L	+	1. Normal		
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.)

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
REVIEW/CONSULTATION	
Date:	Name (Block Capitals): Dr. / Nurse

**Dr. MOHAMMUD ULLAH**  
 General Practitioner  
 NMC License No. : 7790

