



TRUCK OMAN

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

PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Ident	1944N	Reg.Dt	06/07/2023	redevelopment Oman	Surname/ Forenames BALWINDER SINGH	
ame	BALWINDER SINGH			DEPARTMENT	Nationality INDIAN #DOB: 30/05/1973	
nder	Nationality INDIAN			PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		
	Mobile No. 95503347	Address: 85409033		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)				
Home/Leave Address:		Relationship to employee			No of Children: 2	
<input type="checkbox"/> Wife		<input type="checkbox"/> Son			<input type="checkbox"/> Daughter	
Reason for Examination (tick as appropriate)						
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>		Other Reason: <input type="checkbox"/>		
Employee only						
B Present Job and Location: HD DRIVER		Next Job and Location:				
Are you a registered person with special needs? <input type="checkbox"/>			Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
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	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?						
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: 06/07/23		Signature of Applicant: Balwinder Singh				





Appendix B: 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								
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. 130 90 mmhg	PULSE 92/mins.	HEARING L N R N	VISION				Color Vision	
169	80	28				DISTANT R L	NEAR R L				
					Uncorrected Corrected	6/6	6/6				
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. CVS risk for 40 yrs. & above			
✓		6. Sickle Cell test						12. HIV, Hepatitis screening			

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

- Slightly heavy Abnormality
 - Polyp and ulcer in nose.

ASSESSMENT AND RECOMMENDATIONS:			
<input checked="" type="checkbox"/> FIT ALL AREAS	<input type="checkbox"/> FIT WITH RESTRICTION	<input type="checkbox"/> TEMPORARY UNFIT	<input type="checkbox"/> NFIT
Date: FIT		Name (Block Capitals): Dr. / Nurse DR. SHAH FAISAL	
REVIEW/CONSULTATION		Signature: SR	
Date: 	Name (Block Capitals): Dr. / Nurse DR. SHAH FAISAL General Practitioner MOH Lic No. 22368	Signature:	