



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

TRUCK OMAN

INNATION REPORT (MEDICAL – CONFIDENTIAL)

Ref	18214	Reg.Dt	07/03/2023
DAVINDER SINGH RATTAN			
Sex	Male	Nationality	INDIAN
PLEASE COMPLETE DETAILS IN BLOCK CAPITALS			

Surname/Forenames DAYINDER SINGH RATTAN

Nationality INDIAN, - 26/02/1970 (DOB)

Mobile No. 93773329 Address: 84633664

Company Number: 6567 Reference Indicator:

Personal Details

A Male Female Married Single Separated /Divorced /Widow(er)Home/Leave Address: Wife Son 01 Daughter 3 No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: H.D. DRIVER 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		✓		
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?		✓		WALKING

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: 07/03/23.

Signature of Applicant:



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 162	WEIGHT kg 68	BMI 25.9	B.P. 140 90 mmhg	PULSE 80 /mins.	HEARING L N R N	Uncorrected Corrected	VISION DISTANT R L 6/6	NEAR R L 6/6	Color Vision				
									✓ 1. Normal				
									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.

Follow up DM & Lipids. Every 3 mths.

ASSESSMENT AND RECOMMENDATIONS:

 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT

 UNFIT

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

Signature:

Dr. ABDUL RAHMAN
MCri Licence No. 1443

REVIEW/CONSULTATION

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

Signature:

