



3/1/2023

 17870 Reg. No.
 PRAVEEN RAMANAN
 Nationality: INDIAN
 Male

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

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

Mobile No. 92497525 Address: 74371277

Surname/
Forenames PRAVEEN RAMANAN

Nationality INDIA DOB 27/05/1981

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: 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: SUPERVISOR-HAIME	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 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: 31/10/2023



Signature of Applicant:



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

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. mmhg	PULSE bpm	HEARING L ~ R ~	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Color Vision			
183	112	33.4	115 80	68/mins.		6/6	6/6	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.)

high BMI → lifestyle problem

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

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

Signature: _____

REVIEW/CONSULTATION



DR.FARZAD FARHAD ABBASMANESH
GENERAL PRACTITIONER
M.O.H LICENSE NO.20379

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

Signature: _____

C.R.NO.221778