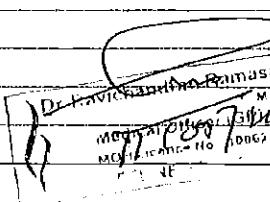
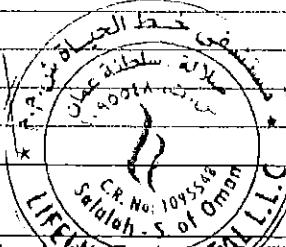


	Petroleum Development Oman LLC	Revision: 3.0 Effective: 16 Apr 2007
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9.19 Appendix S: Routine Medical Examination Report (EX2)

EX2 MEDICAL – CONFIDENTIAL  Petroleum Development Oman MEDICAL DEPARTMENT PERIODIC/ROUTINE EXAMINATION REPORT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLACK-BLOCK DETAILS LIFELINE HOSPITAL		Company Number: <u>99610162</u> Employee's Name & Initials <u>BALJIT SINGH</u> Present Area: Next Area:	
Place of Examination <u>SALALAH</u>	Date <u>11/5/2022</u>	Copied to:	
Family Name	Other Names	Birth Date <u>12/8/1919</u>	Nationality <u>INDIAN</u>
		Religion <u>SIKH</u>	
Reason for Examination			
<input checked="" type="checkbox"/> Two yearly <input type="checkbox"/> Pre-overseas <input type="checkbox"/> Transfer <input type="checkbox"/> +40/ Request <input type="checkbox"/> Travel <input type="checkbox"/> Retirement and date / /			
Present Job(job type)	Ref. Indicator	Office Tel. No.	Years with Group
			Date and place of last Shell Medical
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Divorced / Separated		Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> No. of Children	
Home / Leave Address		Name and Address of Family Doctor	
Tel No:		Tel No:	
Previous Medical History – All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Sister or Doctor who will be able to help by referring to your notes. N/A			
 			



Are you a Registered Yes No Do you belong to any Yes No
Disabled Person? Medical Insurance Scheme? BUPA / PPP / AMA/ Other

Please answer the following questions and tick 'N' ('no') or 'Y' (yes) column. If 'Y' please describe

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for other than minor ailments?	/		
Do you take any medicines regularly, or have you done so in the recent past?	/		
Do you smoke? If yes, what and how much each day?	/		
Do you drink alcohol? If yes, what is your average weekly intake?	/		
Are you doing regular sports or physical activities?	/		
Have you, since your last medical, had any of the following (minor ailments need not be mentioned):	N	Y	Description
1. Ear, nose and throat problems	/		
2. Eye problems	/		
3. Chest problems like asthma, bronchitis	/		
4. Heart abnormality, chest pains	/		
5. Abdominal pains, abnormal bowel motions	/		
6. Urogenital problems (kidney disease, menstrual disorder) for women only: last menstrual period (LMP):	/		
7. Musculoskeletal diseases	/		
8. Skin trouble or allergies	/		
9. Epileptic fits, dizzy spells or migraine	/		
10. Diabetes, anemia, blood disorders	/		
11. Any other health problem, accident or fractures	/		

STATEMENT: I have read the above questions.

The answers are correct and no information concerning my present or past state of health has been withheld.

Signed:

Date: 11/5/2022

