

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: 99612162 Employee's Name & Initials BALJIT SINGH Present Area: Next Area:	
Place of Examination SALALAH	Date 11/5/2022	Copied to:	
Family Name	Other Names	Birth Date 12/8/1979	Nationality INDIAN
		Religion SIKH	
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 <div style="text-align: right;">/ /</div>			
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.			
<div style="text-align: center;"> Dr. Ravichandran Ramasamy Medical Officer MEDICAL OFFICER - NO. 10067 </div> <div style="text-align: center;"> PETROLEUM DEVELOPMENT OMAN MEDICAL DEPARTMENT </div>			



Are you a Registered Disabled Person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you belong to any Medical Insurance Scheme?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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.

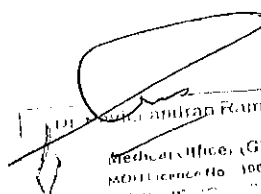
Signed:

Date: 11/5/2022

Dr. Pavichandran Ramasamy
M.B.B.S.
Medical Officer (GP)
MO Licence No. 10062
P.D.O.



Lifeline Hospital LLC- Salalah							
Do You Have Or You Had :							
(Tick "Yes" or "No" Column or Put a (?) if uncertain exclude minor ailment)							
SL No		Yes	No	SL No		Y	No
1	Sinus Trouble		✓	24	Stroke		✓
2	Neck Swelling		✓	25	Serious Chest Pain		✓
3	Difficulty in Vision		✓	26	Any Blood Disease		✓
4	Any ear discharge		✓	27	Kidney Disease		✓
5	Asthma/Bronchitis		✓	28	painful Passage of Urine		✓
6	High Fiver /other allergy		✓	29	Blood in urine		✓
7	Any Skin trouble		✓	30	Diabetics		✓
8	Tuberculosis		✓	31	Headache /Migrain		✓
9	Shortness of Breath		✓	32	Dizziness		✓
10	Cough /Vomited blood		✓	33	Epilepsy		✓
11	Sever Abdominal Pain		✓	34	Joint /Spinal Trouble		✓
12	Stomach Ulcer		✓	35	Surgical Operation		✓
13	Recurrent Indigestion		✓	36	Accident		✓
14	Gall Bladder disease		✓	Have You ever been :			
15	Change in Bowel Habits		✓	37	Rejected for employment or insurance for medical		✓
16	Blood In Stool		✓	38	Awarded benefits for Industrial Injury		✓
17	Varicose vein		✓	39	Treated for mental Condition		✓
18	Lump in breast		✓	40	Exposed to toxic substance		✓
19	Cancer		✓	For Womens Only			
20	Heart Disease		✓	41	Any Abnormal Smear		
21	Rhematoid Fever		✓	42	Gyneac oligical treatment		
22	Abnormal heartbeat		✓	43	Are You pregnant		
23	HTN		✓	44	Any illness not mentioned Above		
Consumption of Tobacco:				Alcohol Consumption:			
Any Family History of HTN,DM, Epilepsy,Asthma ,Heart Disease etc... :							
I declare this statement to be true to the best of my knowledge and belief and agree that the result of this medical examinations in general terms may be revealed to the company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer							
Date : 11/5/2022				Signature:			


 Medical Officer (GP)
 MO Licence No 10062
 S. of Oman





EX2

FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history since last examination

(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.							
		14.							
		15.							
HEIGHT cm		WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	Colour Vision Blood Group
180		115.3	133/88	98	L N R N	Uncorrected	6/6	6/6	NF N5 G
						Corrected			
N	A	LABORATORY AND SPECIAL INVESTIGATIONS				N	A		
		1. Urinalysis					6. Audiogram		
		2. Hb Bloodcount ESR					7. Lung Function		
		3. Serum Profile					8. Chest X-Ray		
		4. Stool					9. Drug Screen		
		5. E.C.G.					10. CR Screen = Country Request (e.g. H.I.V.)		

ASSESSMENT AND RECOMMENDATIONS

- 1) Newly diagnosed diabetes, started glucophage
2) Mild dyslipidemia: diet and exercise
- Follow up after 1 month. Fit for work

☒ Fit Worldwide☐ FIT Restricted Service☐ Temporarily Unfit (See correspondence)

Signature Doctor/Sister

C.M.O.'s Initials

Name (Block Capitals)