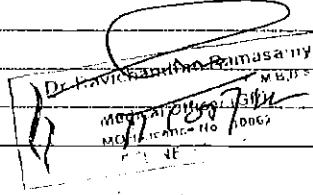


	Petroleum Development Oman LLC	Revision: 3.0 Effective: 16 Apr 2007
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9.19 Appendix S: Routine Medical Examination Report (EX2)

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

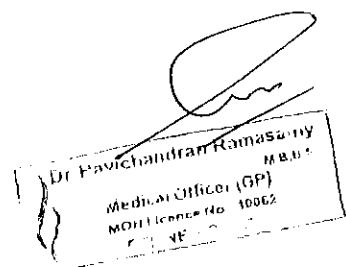
	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for other than minor ailments?	/		
Do you take any medicines regularly, or have you done so in the recent past?	/		
Do you smoke? If yes, what and how much each day?	/		
Do you drink alcohol? If yes, what 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



Lifeline Hospital LLC- Salalah

Do You Have Or You Had :

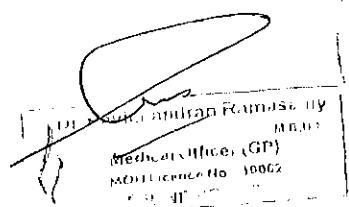
(Tick "Yes" or "No" Column or Put a (?) if uncertain exclude minor ailment

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 desease		—	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		—	
Consupotion of Tobacco:			Alcohole Consupotion:					

Any Family History of HTN,DM, Epllepsy,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:
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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 Corrected	6/6	6/6	6/6	6/6				
BMI = 35.4														
N A			LABORATORY AND SPECIAL INVESTIGATIONS				N	A						
			At facem						6. Audiogram					
												7. Lung Function		
													8. Chest X-Ray	
													9. Drug Screen	
													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

Dr. Umaru Mirhej Ahmad
 General Internal Medicine
 N.I.M. Lic No: 12851
 P.M.H. HOSPITAL, SALALAH.

Fit Worldwide Fit Restricted Service Temporarily Unfit (See correspondence)

Signature Doctor/Sister

C.M.O.'s Initials

Name (Block Capitals)

Medical Record No. 49002

Date