



TON

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman MEDICAL DEPARTMENT		Surname/Forenames NOOR KHAN GHULAM HAIDER	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Nationality PAKISTANI #DOB: 15/06/1981	
Mobile No. 92508171	Address: 7914 5806	Company Number: 1323	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)	
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
Reason for Examination (tick as appropriate)			
Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>			
Employee only			
B Present Job and Location: HD DRIVER Next Job and Location:			
Are you a registered person with special need <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme <input type="checkbox"/>	
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
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		<input checked="" type="checkbox"/>	
1	Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>	
2	Chest problems like asthma, bronchitis, another bad cough	<input checked="" type="checkbox"/>	
3	Heart abnormality, chest pains	<input checked="" type="checkbox"/>	
4	Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>	
5	Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>	
6	Skin trouble or allergies	<input checked="" type="checkbox"/>	
7	Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>	
8	History of mental illness, depression anxiety	<input checked="" type="checkbox"/>	
9	Diabetes, thyroid disease, history of Hypertension	<input checked="" type="checkbox"/>	Y DM ON MEDICATION
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>	
11	Any history of accidents or fractures	<input checked="" type="checkbox"/>	
12	Have you had any serious allergies	<input checked="" type="checkbox"/>	
13	Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>	
14	Any family history of cancers	<input checked="" type="checkbox"/>	
Do you take any regular medicines, or have you taken in the past?		<input checked="" type="checkbox"/>	Y ZEENARYL OD, T. JENTIN METOD
Do you smoke? If yes, what and how much each day?		<input checked="" type="checkbox"/>	OCCASIONALLY
Do you drink alcohol? If yes, what is your average weekly intake?		<input checked="" type="checkbox"/>	
Have you ever taken elicited/recreational drugs?		<input checked="" type="checkbox"/>	
Are you doing regular sports or physical activities?		<input checked="" type="checkbox"/>	
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: 24/08/2023		Signature of Applicant: [Signature]	





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 = Anormal (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 /mins.	HEARING L N R N	VISION DISTANT NEAR R L R L Uncorrected Corrected	Color Vision ✓ Normal 2. Abnormal
173	74	24.73	120/70	76		Uncorrected 6/6 6/6 Corrected	

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.)

Known Diabetic on treatment: high R1 Cardiovascular Risk
Angiography done with Normal Report from Pakistan on Sept 2023
Fit Report from Haim Hospital: Internal Medicine on 08.10.2023

ASSESSMENT AND RECOMMENDATIONS:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 11.10.2023 Name (Block Capitals): Dr. / Nurse



Signature:

REVIEW/CONSULTATION

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

Signature:

