



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: 1523	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: <input type="checkbox"/>			
Are you a registered person with special needs? <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?		✓	
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	✓	Y DM ON MEDICATION
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?		✓	T. ZEENARYL OD, T. JENTIN MET OD
Do you drink alcohol? If yes, what is your average weekly intake?		✓	OCCASIONALLY
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: 24/08/2023		Signature of Applicant: JG	
			



NOT
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

		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				Color Vision			
173	74	24.75	120/70	76	Uncorrected Corrected	DISTANT R L	NEAR R L	+				✓ 1. Normal	
173	74	24.75	120/70	76	Uncorrected Corrected	DISTANT R L	NEAR R L	+				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.)

Known Diabetic on treatment - high B1 Cardiovascular Risk
Angiography done with Normal Report from Pakistan on Sept 2023
Fit Report from Hain 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: