مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Date: 20,6,23

Mr. DALVIR SINGH

℞

1. Metformin tab 500 mg # 30

#1 PO OD [0-1-0]
c food

2. Atorvastatin tab 40 mg # 30

#1 PO OD [0-0-1]

Dr. Shirine S. Nasrallah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة ميثى ابراج الصحوة ميثى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout Al Shawa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

TON-01 ECG

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

)UTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

ient 16093 Reg.Dt 19 06 2023
me DALVIR SINGH SUKHWINDER SINGH
ider Male Nationality INDIAN

ieum Development Oman
)ICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames DALVIR SINGH SUKHWINDER SINGH

Nationality INDIAN # D.O.B # 01-01-1975

Mobile No. 96701083 Address: 72388832

Company Number: 1362 Reference Indicator:

Personal Details

A ☑ Male ☐ Female

☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 2

Home/Leave Address:

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: H.D. DRIVER - HAIMA

Next Job and Location:

Are you a registered person with special needs? ☐

Do you belong to any Medical Insurance Scheme? ☐

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	Description
	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	√		ON MEDICATION
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaĕmia	√		
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 your taken in the past?	√		
	Do you smoke? If yes, what and how much each day?	√		
	Do you drink alcohol? If yes, what is your average weekly intake?	√		
	Have you ever taken illicited/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: 19-06-2023 Signature of Applicant: [signature]

Glimepiride + metformin + pioglitazone
(DIL - GAM - SR - 2)

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص: 2775