



EGB

TRUEMAN

(Routine/Periodic Medical Examination)

APPLICATION REPORT (MEDICAL - CONFIDENTIAL)

RO No. 18215 Reg. Dt 07/03/2023

Petrol ME
Mr Male Nationality INDIAN

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames KESAR SINGH

Nationality INDIAN # D.O.B - 28-12-1971

Mobile No. 96538274 Address: 89078772

Company Number: 1366 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: 3

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

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

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	✓		HYPERTENSION
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?	✓		T. MICARDOL PLUS 40/12.5
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 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.

Kesh Singh

Date: 07-03-2023

Signature of Applicant:





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

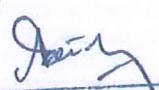
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION								
✓	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 167	WEIGHT kg 73	BMI 26.2	B.P. 140/ 90 mmhg	PULSE 74/mins.	HEARING L N R N	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Color Vision 1. Normal 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 15.6		
		6. Sickle Cell test						12. HIV, Hepatitis screening		

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Adu: Regular Exercise

ASSESSMENT AND RECOMMENDATIONS:			
<input checked="" type="checkbox"/> FIT ALL AREAS	<input type="checkbox"/> FIT WITH RESTRICTION	<input type="checkbox"/> TEMPORARY UNFIT	<input type="checkbox"/> UNFIT
Date:	Name (Block Capitals): Dr. / Nurse		Signature: 
REVIEW/CONSULTATION			
Date:	Name (Block Capitals): Dr. / Nurse		Signature:



Dr. ABDUL RAHMAN
MCH Licence No. 1441