

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

## MEDICAL RECORD FORM (MEDICAL - CONFIDENTIAL)

t 19591 Reg.Dt 18/07/2023

BALJINDER SINGH

r Male Nationality INDIAN

 n Development Oman  
CAL DEPARTMENT

 PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. 71888513

Address: 72767118

 Surname/  
Forenames BALJINDER SINGH

Nationality INDIAN # DOB: 15/03/83

Company Number:

Reference Indicator:

## Personal Details

 A  Male  Female

 Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

 Wife

 Son

 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: OPERATOR 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		✓		
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?		✓		
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.

Date: 18/07/2023

Signature of Applicant:

Baljinder - Singh



## 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

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 170	WEIGHT kg 72	BMI 24.9	B.P. 130 80 mmhg	PULSE 68/mins.	HEARING L N R N	VISION				Color Vision 1. Normal 2. Abnormal
						DISTANT R L	NEAR R L	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.)

Lsm (Diet &amp; Exercise)

## ASSESSMENT AND RECOMMENDATIONS:

 FIT ALL AREAS  FIT WITH RESTRICTION

 TEMPORARY UNFIT

 UNFIT

Date: 18/7/23 Name (Block Capitals): Dr. / Nurse

  
 Dr. Shireen Seyedatollah Jafar  
 Cardiologist Specialist  
 MOH Lic. No. 21062


## REVIEW/CONSULTATION

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