

1424



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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL -
CONFIDENTIAL)

It 17068 Reg.Dt 31/01/2023

SUNIL KUMAR

Dr Male Nationality INDIAN

m Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSSurname/
Forenames SUNIL KUMAR

Nationality INDIA DOB 18/10/1975

Mobile No. 97124718

Address: 75976822

Company Number: 1424

Reference Indicator:

Personal Details

A Male Female Married Single Separated /Divorced /Widow(er)Home/Leave Address: Wife Son Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: HELP-ER - HAINA 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: 31/01/2023

Signature of Applicant: Sunil Kumar





Appendix 33: EX2 Form (Routine/Periodic Medical Examination)
**ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL –
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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	GENERAL 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	WEIGHT kg	BMI	B.P. 140 100 mmhg	PULSE 107 mins.	HEARING L N R N	VISION DISTANT R L Uncorrected Corrected 6/6	NEAR R L 6/6	Color Vision 1. Normal 2. Abnormal
168	69	24.4						

		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 alcohol and drug use)

BP & CEGT are high → we stay modified
Check BP after 1 month

ASSESSMENT AND RECOMMENDATIONS:

DOCUMENT AND RECOMMENDATIONS:
 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:

100

Name (Block Capitals): Dr. / Nurse

DR.FARZAD FARHAD ABASMANESH
GENERAL PRACTITIONER
M.O.H LICENSE NO.20379

Signature:

1

Date:

★ Name (Block Capitals): Dr. (Name)

Signature: