



TRUCK OMAN

1617

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL -
CONFIDENTIAL)

IT 18088 Reg-Dt 31/01/2023

ALI KASHIF

Mr Male Nationality PAKISTANI

Development Oman
AL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSSurname/
Forenames ALI KASHIF
Nationality PAKISTAN DOB 02/09/1989

Mobile No. 91872311 Address: 89951888 Company Number: 1617 Reference Indicator:

Personal Details

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

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: HEAVY 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			✓	
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:





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ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

HEIGHT cm	WEIGHT kg	BMI	B.P. 130 90 mmhg	PULSE 79/mins.	HEARING L N R N	VISION DISTANT R L Uncorrected 6/6 Corrected 6/6	NEAR R L 6/6	Color Vision ✓ 1. Normal 2. Abnormal
175	76	24.8						

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.)

Chloro & Uricker is Borderline who say mod

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNIT

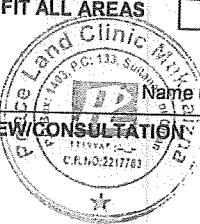
11055

Date:

Name (Block Capitals): Dr. / Nurse:

Signature: 

REVIEW/CONSULTATION



Date:

Name (Block Capitals): Dr. / Nurse

DR. FARZAD FARHAD ABBAS M.R.C.S.
GENERAL PRACTITIONER
M.O.H. LICENSE NO. 20379

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