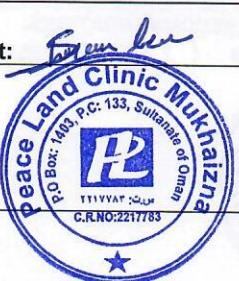




TRUCKOMAN

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

Ident 18596		Reg.Dt 01/04/2023	eum Development Oman ICAL DEPARTMENT		Surname/Forenames SYAMKUMAR SATHYAPALAN	
Name SYAMKUMAR SATHYAPALAN		Gender Male Nationality INDIAN		Please complete your personal details in block capitals		Nationality INDIAN, DOB - 18/10/1982
Mobile No. 94214630		Address: 79408268		Company Number:		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 checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter No of Children: 2				
Reason for Examination (tick as appropriate)						
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>		Other Reason: <input type="checkbox"/>		
Employee only						
B Present Job and Location: HD DRIVER.		Next Job and Location:				
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>				
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	✓	DIABETIC ON MEDICATION			
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?		✓	Tab. ISTAMET D-XR-1000, T LIPITAS 5mg.			
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: 01/04/2023.		Signature of Applicant: <i>[Signature]</i>				
 <p>Peace Land Clinic Mukhaizna P.O.Box: 1483, P.C: 133, Sultanate of Oman T: 968-23-2117783 C.R.NO: 2217783</p>						



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

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	<i>SURGERY MARK ON LEFT FOREARM 15YEARS BACK.</i>
✓		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P. mmhg	PULSE /mins.	HEARING L <i>N</i> R <i>N</i>	VISION				Color Vision 1. Normal 2. Abnormal
						DISTANT R L	NEAR R L	Uncorrected	Corrected	
175	89	29.06	130 80	82				6/6	6/6	

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.)

*Adv: Diet & Exercise
Weight Reduction*

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

REVIEW/CONSULTATION



Name (Block Capitals): Dr. / Nurse

Dr. ABDUL RAHMAN
Signature: *[Signature]*

Date:

Name (Block Capitals): Dr. / Nurse

Signature: