



TRUCKOMAN

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

## MEDICAL - CONFIDENTIAL

Ident 19424 Reg.Dt 03/07/2023

Name NAJI SULAIMAN HUMAID AL HABSI  
Gender Male Nationality OMANIDevelopment Oman  
AL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/Forenames NAJI SULAIMAN HUMAID AL HABSI

Nationality OMANI &amp; DOB: 01/01/1980

Mobile No. 90383833

Address: 9366136

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: 4

## Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason: 

## Employee only

B Present Job and Location:

SUPERVISOR

Next Job and Location:

Are you a registered person with special needs? Do you belong to any Medical Insurance Scheme? 

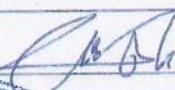
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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?		✓	✓	OCCASSIONALY
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: 03/07/2023

Signature of Applicant: 



Appendix 33: BX2 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																		
✓	11. Musculo-skeletal																		
✓	12. Skin & Varicose Vns.																		
✓	13. C.N.S.																		
HEIGHT cm	WEIGHT kg	BMI	B.P. mmhg	PULSE 60/mins.	HEARING L N R N	Uncorrected Corrected	VISION DISTANT R L NEAR R L				Color Vision 1. Normal 2. Abnormal								
176	69	22.3	120 80				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 +)													6.7	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.)																			
<p>1. LSM &amp; RFR ( Diet &amp; Exercise )</p> <p>2. quit smoking</p> <p>3. check glycemic profile 3m</p>																			
ASSESSMENT AND RECOMMENDATIONS:																			
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> NFIT													
Date: 4/7/23		Name (Block Capitals): Dr. / Nurse		Dr. Ghassan Al-Saif Cardiologist Specialist MOH Lic. No. 21962		Signature:													
REVIEW/CONSULTATION																			
Date:		Name (Block Capitals): Dr. / Nurse		Signature:															

