



TRUCK OMAN

1628

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

OUTLINE/PERIODIC EXAMINATION REPORT (MEDICAL -  
CONFIDENTIAL)

nt 16102 Reg-Dt 26/01/2023

ILYAS HUSSAIN

ler Male Nationality PAKISTANI

Development Oman  
GENERAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. 93353196

Address: 108626671

Surname/  
Forenames ILYAS HUSSAIN  
Nationality PAKISTANI DOB - 23/02/1981

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 type="checkbox"/> Son <input type="checkbox"/> 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:  
HEAVY DRIVER

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: 26/01/2023

Signature of Applicant:





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								
✓	11. Musculo-skeletal								
✓	12. Skin & Varicose Vns.								
✓	13. C.N.S.								
HEIGHT cm	WEIGHT kg	BMI	B.P. mmhg	PULSE /mins.	HEARING L N R N	VISION DISTANT R L			Color Vision
174	76	25.1	120 80	67	Uncorrected Corrected	R L	6/6	6/6	1. Normal 2. Abnormal

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.)

high Lipids profile normal after 3 month of diet

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Date:

Name (Block Capitals): Dr. / Nurse

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

Signature:

REVIEW/CONSULTATION



Date:

Name (Block Capitals): Dr. / Nurse

Signature: