

Cert. No: 03400303400

**OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE**

<b>A: Personnel Data</b>			
Full Name:	MATHIAS RAUTH PARAG	DOB:	21 Oct 1993
ID No:	931021136501	Tel No:	0145967872
		Occupation:	JUNIOR FIELD ENGINEER
Date:	9 Aug 2022	Company:	DIMENSION BID
<b>B: Type of Examination</b>		Initial/ Renewal	
<b>C: Type of Evaluation</b>			
<input checked="" type="checkbox"/> G General Work (Other than specific job) <input type="checkbox"/> S1 Catering Crew <input type="checkbox"/> S2 Confined Space Worker <input type="checkbox"/> S3 Crane Operators <input type="checkbox"/> S4 Electrical Worker <input type="checkbox"/> S5 Emergency Response Team (ERT) <input type="checkbox"/> S6 Respirator Protective Equipment User <input type="checkbox"/> S7 Working at Height <input type="checkbox"/> V1 Visitor			

<b>D: Fitness to Work Status</b>	
The above personnel has been assessed in accordance to the "Guidelines on Medical Assessment of Fitness to work for Offshore & Remote Onshore Workers" issued by Malaysia Petroleum Management and the fitness to work status for evaluation listed in Section C is/are as follows.	
<input checked="" type="checkbox"/>	1. Fit with no restrictions. Valid until (dd/mm/yy) 8 Aug 2024
<input type="checkbox"/>	2(a). Fit with Validity Restriction Only (dd/mm/yy)
<input type="checkbox"/>	2(b). Fit with Task Restriction. Valid until (dd/mm/yy) The employee is fit for above work but should avoid the following tasks: <input type="checkbox"/> Work near moving machinery or sharp edges <input type="checkbox"/> Working at height <input type="checkbox"/> Operate motor vehicles or heavy machinery <input type="checkbox"/> Pull push carry weight over ..... KG <input type="checkbox"/> Use a respirator <input type="checkbox"/> Others (Specify): ..... <input type="checkbox"/> Repetitive twisting of valves or wrenches <input type="checkbox"/> These task restrictions are Permanent <input type="checkbox"/> These task restrictions are Temporary
<input type="checkbox"/>	3. Not Fit To Work



<b>E: Approved Medical Examiner's Details</b>	
MPM AME Name:	HENRY RAJENDRA PONNIAH - DR (PMU/PETH)
MPM AME No:	MPM AME034
Address:	Lot 1-5, W12, 13 & 14, 5th Floor, CPS Tower, Centre Point, Sabah Sabah
Tel:	088249349
Date:	10 Aug 2022

NOTE: MPM does not recognize this physical form as reference of medical fitness status for OSP card issuance.

KINABUKU KM CENTRE POINT  
 LOT 1-5, W12, 13 & 14, 5TH FLOOR  
 CPS TOWER, CENTRE POINT, SABAH  
 88000 KOTA KINABALU, SABAH  
 TEL: 088-249349 FAX: 088-269345

**FORM C – OFFSHORE AND REMOTE ONSHORE MEDICAL ASSESSMENT FORM****SECTION 1 – TO BE COMPLETED BY EMPLOYEE (PERSONAL INFORMATION, HEALTH DECLARATION AND CONSENT)****A. Worker Details**

Name MATHIAS RAUTH KATAG NRIC / Passport 931021-13-6501  
 Company & Address DIMENSION BID (M) SDN BHD Age 29 YEARS OLD  
Lot 1444, 2<sup>nd</sup> Floor Off Jalan Pasar Occupation JUNIOR FIELD ENGINEER  
Lubang, 98800 Miri, Sarawak. Race LUN BAWANG  
 Date of examination 8/8/2022  
 Place of examination KLINIK CENTRE POINT Sex Male  Female   
 Name & Address of personal physician \_\_\_\_\_

List your last 3 jobs 1. TECHNICAL ASSISTANT 2. SITE ENGINEER 3. HANDYMAN

B. Type of examination  Initial/Renewal  Return to work

**C. Type of Evaluation for Offshore & Remote Onshore (As per Employer Letter/Instruction)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> G General work (Other than Job Specific) | <input type="checkbox"/> S5 Emergency Response Team (ERT)        |
| <input type="checkbox"/> S1 Catering Crew                                    | <input type="checkbox"/> S6 Respirator Protective Equipment User |
| <input type="checkbox"/> S2 Confined Space Worker                            | <input type="checkbox"/> S7 Working at Height                    |
| <input type="checkbox"/> S3 Crane Operators                                  | <input type="checkbox"/> V1 Visitor                              |
| <input type="checkbox"/> S4 Electrical Worker                                |  |

DO YOU HAVE OR HAVE YOU HAD : (Tick 'Yes' or 'No')								
Description	Y	N	Description	Y	N	Description	Y	N
1.Sinus trouble		/	22.Cancer		/	Have you ever been:-		
2.Neck swelling / gland		/	23.Heart disease		/	43.Rejected for employment or insurance		/
3.Difficulty in vision		/	24.Rheumatic fever		/	44.Awarded benefits for Industrial injury/ illness		/
4.Any ear discharge		/	25.Abnormal heartbeat		/	45.Treated for problem of mental condition		/
5.Bronchial Asthma / Bronchitis		/	26.High blood pressure		/	46.Treated for problem of alcohol or drug		/
6.Hay fever / Other allergy		/	27.Stroke		/	47.Exposed to toxic substances or noise		/
7.Any skin trouble		/	28.Serious chest pain		/	<b>WOMAN ONLY, Have you ever had:-</b>		
8.Tuberculosis		/	29.Any blood disease		/	48.Abnormal Pap smear		/
9.Coughed / Vomited blood		/	30.Painful passage of urine		/	49.Any gynecological condition / treatment		/
10.Severe abdominal pain		/	31.Blood in urine		/	50.Are you pregnant		
11.Stomach Ulcer		/	32.Diabetes		/	<b>Will you be doing any of these specific activities;</b>		
12.Recurrent indigestion		/	33.Headache / Migraine		/	51.Crane Operators		/
13.Jaundice or hepatitis		/	34.Dizziness / fainting		/	52.Users of Breathing Apparatus	/	/
14.Gall Bladder disease		/	35.Epilepsy		/	53.Catering Crew		/
15.Marked change in bowel habits		/	36.Joint/spinal trouble		/	54.Confine Space Entry		/
16.Blood in stools (motions)		/	37.Surgical operation		/	55.Working at Height		/
17.Dental Problem		/	38.Serious accident / injury		/	<b>Social History</b>		
18.Piles (Haemorrhoid)		/	39.Tropical disease		/	56.Do you smoke?	/	
19.Hernia		/	40.Fear of heights		/	57. History of drug abuse		/
20.Varicose Veins		/	41. Fear of being enclosed in a small space		/	58.Do you drink alcohol? If yes, amount per week?	/	
21.Lump in breast / arm pit		/	42. Are you currently taking Any medication?		/	59. Have you been medical disembarked from offshore within the past 2 years? If yes, please specify:		/
						60. Other illness not mentioned above, if yes, please specify:		/
<b>Have any of your family members suffered from the following?</b>								
61.Diabetes	/	/	64.Heart Disease		/	67.Hypertension	/	/
62.Tuberculosis		/	65.Epilepsy		/	68.Stroke <i>Waka @ 60%</i>	/	/
63.Bronchial Asthma		/	66.Cancer		/	69.Blood Disease		/

I hereby certify that the above information is correct to the best of my knowledge. I understand that voluntary non-disclosure of any information required above is a breach of PETRONAS fitness to work requirements and may result in disciplinary action against me. I further agree to give consent to the examining medical professionals to disclose the results of this medical questionnaire and associated medical examination details to PETRONAS, Petroleum Arrangement Contractor (PAC) and my Employer for managing all matters related to my Fitness to Work Offshore and/or Remote Onshore Worksite.

Signature: Name: *MATHIAS KAUSHI PARAG*Date: *8/8/2022*

Note: MPM AME shall enter the FTW Status into MPM E-Reporting System (MySDS) and retained a record for future reference.

DR. HENRY R. PONSIAH  
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88000 KOTA KINABALLU, SABAH  
TEL: 089 240248 FAX: 088-259249


## SECTION 2 – FOR USE BY EXAMINING DOCTOR

HEIGHT (Meter)	WEIGHT (Kilogram)	BMI (Kg/m <sup>2</sup> )	BLOOD PRESSURE	PULSE	VISION		Near		COLOUR VISION	BLOOD GROUP
					Corrected	Distant				
1.625	77.5	29.34	130/69	61	6/6	6/6	-	-	(12)	O+
					Uncorrected	6/60	6/60	-	-	

N	A	DESCRIPTION	MEDICAL EXAMINATION – Detail of findings
/		1. Eyes & Pupils	
/		2. Ear/Nose/Throat	
/		3. Teeth & Gum	
/		4. Mouth	
/		5. Respiratory	
/		6. Cardiovascular System	
/		7. Abdomen	
/		8. Hemial Orifices	
/		9. Extremities	
/		10. Musculo-skeletal	
/		11. Skin & Varicose Veins	
/		12. Neurological	
/		13. Breasts	
/		14. Anus & Rectum	
/		15. Genito-Urinary Systems	
/		16. Others	

N	A	TEST	INVESTIGATION FINDINGS
/		1. Complete Blood Count	
/		2. BUSE	
/		3. Serum Creatinine	
/		4. Fasting Serum Lipid	
/		5. Fasting Blood Sugar (HBA1c if indicated)	
/		6. Urinalysis	
/		<ul style="list-style-type: none"> <li>▪ Urine Drugs <ul style="list-style-type: none"> <li>a. Amphetamine</li> <li>b. Benzodiazepines</li> <li>c. Cannabis</li> <li>d. MDMA</li> <li>e. Opiates</li> <li>f. Cocaine</li> </ul> </li> </ul>	
/		8. Audiometry	
/		9. Chest X-ray	
/		10. ECG (40 years and above or clinically indicated)	
/		11. Spirometry (if clinically indicated)	
/		12. Others	

N = Normal      A = Abnormal

  
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