

Cert. No: 01800300624

OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE

A: Personnel Data			
Full Name:	NUR IMAN BIN ABDUL RAZAK	DOB:	3 Apr 1999
ID No:	990403835017	Tel No:	Occupation: JUNIOR FIELD ENGINEER
Date:	22 Jul 2022	Company:	DIMENSION BID
B: Type of Examination			
		Initial/ Renewal	
C: Type of Evaluation			
<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			

D: Fitness to Work Status										
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) 22 Jul 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: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Work near moving machinery or sharp edges</td> <td><input type="checkbox"/> Working at height</td> </tr> <tr> <td><input type="checkbox"/> Operate motor vehicles or heavy machinery</td> <td><input type="checkbox"/> Pull push carry weight over KG</td> </tr> <tr> <td><input type="checkbox"/> Use a respirator</td> <td><input type="checkbox"/> Others (Specify):</td> </tr> <tr> <td><input type="checkbox"/> Repetitive twisting of valves or wrenches</td> <td></td> </tr> <tr> <td><input type="checkbox"/> These task restrictions are Permanent</td> <td><input type="checkbox"/> These task restrictions are Temporary</td> </tr> </table>	<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"/> 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										

E: Approved Medical Examiner's Details
MPM AME Name: YUSOF MOKHTAR (PMU/PETH) MPM AME No: MPM AME018 Address: Lot F1-16 & F1-17, Menara Dayabumi Jalan Sultan Hishamudin, Kuala Lumpur Peninsular Malaysia Tel: 0326989740 Date: 22 Jul 2022

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

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	<u>Nur Iman Bin Abdul Razak</u>	NRIC/Passport	<u>990403-87-3017</u>
		Age	<u>23</u>
Company & Address	<u>Dimension Bid (M) Sdn. Bhd.</u>	Occupation	<u>Junior Field Engineer</u>
	<u>Wisma UOA II, Jin Pingar, KL</u>	Race	<u>Malay</u>
Date of examination	<u>21/7/2022</u>		
Place of examination	<u>Klinik Kita, Kompleks</u>	Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
	<u>Dayabumi</u>		
Name & Address of personal physician	_____		

List your last 3 jobs 1. Kitchen crew 2. Internship trainee 3. _____

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		/	WOMAN ONLY, Have you ever had:-		
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		/	Will you be doing any of these specific activities;		
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		/	Social History		
18.Piles (Haemorrhoid)		/	39.Tropical disease		/	56.Do you smoke?	/	
19.Hemia		/	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:		/
Have any of your family members suffered from the following?								
61.Diabetes	/		64.Heart Disease		/	67.Hypertension	/	
62.Tuberculosis		/	65.Epilepsy		/	68.Stroke		/
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: NUR IMAN BIN ABPUL RAJAK

Date: 21/7/2022

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

SECTION 2 – FOR USE BY EXAMINING DOCTOR

HEIGHT (Meter)	WEIGHT (Kilogram)	BMI (Kg/m ²)	BLOOD PRESSURE	PULSE	VISION		Distant		Near		COLOUR VISION	BLOOD GROUP
					Corrected	Uncorrected	6/6	6/60	NORMAL	NORMAL		
1.69	85	29.8	120/80	72/MIN			6/6	6/60	NORMAL	NORMAL	B+VE	

N	A	DESCRIPTION	MEDICAL EXAMINATION – Detail of findings
✓		1. Eyes & Pupils	NORMAL
✓		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	4.1 mmol/L, TRIGLYCERIDES : 2.3 (HYPERTRIGLYCERIDEMIA)
✓		5. Fasting Blood Sugar (HBA1c if indicated)	3.8 mmol/L
✓		6. Urinalysis	
		<ul style="list-style-type: none"> Urine Drugs a. Amphetamine → b. Benzodiazepines → c. Cannabis → d. MDMA → e. Opiates → f. Cocaine → 	NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE
✓		8. Audiometry	
✓		9. Chest X-ray	
✓		10. ECG (40 years and above or clinically indicated)	
		11. Spirometry (if clinically indicated)	N/A
		12. Others	

N = Normal A = Abnormal