

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 Clement Emong Yusup Ngan NRIC/Passport 940507-13-6207
 Company & Address _____ Age _____
 _____ Occupation Junior Field Engineer
 _____ Race _____
 Date of examination 4/10/2022
 Place of examination Klinik Pu. Nuring Sex Male Female
 Name & Address of personal physician _____

List your last 3 jobs 1. _____ 2. _____ 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			NA
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.Join/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? <i>5 10/day</i>			✓
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? <i>socially</i> 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 *Clément Emang Yung Ngou*Date *4/10/2022*

SECTION 2 – FOR USE BY EXAMINING DOCTOR

HEIGHT (Meter)	WEIGHT (Kilogram)	BMI (Kg/m ²)	BLOOD PRESSURE	PULSE	VISION		COLOUR VISION	BLOOD GROUP
					Distant	Near		
1.82	110	33.2	140/90	60	Corrected		NORMAL	B +ve
					Uncorrected	10/10/15N5	N5	

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. Hernial 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	
✓		= Urine Drugs a. Amphetamine b. Benzodiazepines c. Cannabis d. MDMA e. Opiates f. Cocaine	Negative
✓		8. Audiometry	
✓		9. Chest X-ray	(# 7125 dated 05/8/22)
✓		10. ECG (40 years and above or clinically indicated)	
		11. Spirometry (if clinically indicated)	
		12. Others	

N = Normal

A = Abnormal



certified fit *[Signature]*

DR. NUING JELUING
MBBS (MAL) MMed. Onc. Med
Dip. O & G. Cert. Av Med.
MMC No. 22697

OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE

A: Personnel Data			
Full Name:	CLEMENT EMANG YUSUP NGAU	DOB:	7 May 1994
ID No:	940507136207	Tel No:	0197540447
Date:	4 Oct 2022	Occupation:	FIELD ENGINEER
	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) 4 Oct 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:	NUING JELUING - DR (PMU/PETH)
MPM AME No:	MPM AME040
Address:	Klinik Dr. Nuing, 2188, Jalan Saberka Utama Saberka Commercial Centre Miri
Tel:	085622260
Date:	5 Oct 2022

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