

**MALAYSIA**

**SIJIL DIGITAL  
VAKSINASI COVID-19**  
DIGITAL CERTIFICATE for COVID-19  
VACCINATION

**MAKLUMAT PENERIMA VAKSIN / VACCINEE DETAILS**

Nama / Name  
**MOHAMMAD FARHAN BIN AMRAN**

Warganegara / Nationality  
**MALYSIAN**

No. Kad Pengenalan / Identity No.  
**960423125613**

No. Paspat / Passport No.  
**960423125613**

Tarikh Lahir / Date of Birth  
**23-Apr-1996**

Kementerian Berkuasa / Authority Ministry  
**KEMENTERIAN KESIHATAN (MINISTRY OF HEALTH)**

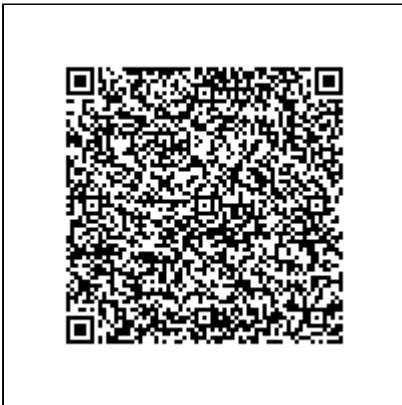
Negara Pengeluar / Issuing Country  
**MALAYSIA**

Tarikh Dikeluarkan / Date Issued  
**15-Aug-2022**

Page 1 of 2

**MAKLUMAT VAKSINASI / VACCINATION DETAILS**

**Dose 1 of 2**



Tarikh Divaksin / Date of Vaccination  
**09-Jul-2021**

Pusat Pemberian Vaksin / Vaccination Center  
**Universiti Kebangsaan Malaysia**

Nama Produk / Product name  
**Vaxzevria**

Nama Umum / Common Name  
**AstraZeneca**

Pengeluar / Manufacturer  
**AstraZeneca AB**

Jenis Vaksin / Vaccine Type  
**covid-19 vaccines**

No. Lot / Batch No.  
**A1013**

**Dose 2 of 2**



Tarikh Divaksin / Date of Vaccination  
**10-Sep-2021**

Pusat Pemberian Vaksin / Vaccination Center  
**Universiti Kebangsaan Malaysia**

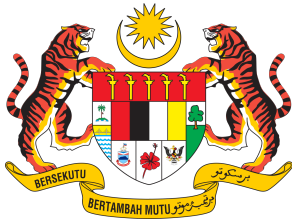
Nama Produk / Product name  
**Vaxzevria**

Nama Umum / Common Name  
**AstraZeneca**

Pengeluar / Manufacturer  
**AstraZeneca AB**

Jenis Vaksin / Vaccine Type  
**covid-19 vaccines**

No. Lot / Batch No.  
**PV46701**



**MALAYSIA**

**SIJIL DIGITAL  
VAKSINASI COVID-19**  
*DIGITAL CERTIFICATE for COVID-19  
VACCINATION*

**MAKLUMAT PENERIMA VAKSIN / VACCINEE DETAILS**

Nama / *Name*  
**MOHAMMAD FARHAN BIN AMRAN**

Warganegara / *Nationality*  
**MALYSIAN**

No. Kad Pengenalan / *Identity No.*  
**960423125613**

No. Pasport / *Passport No.*  
**960423125613**

Tarikh Lahir / *Date of Birth*  
**23-Apr-1996**

Kementerian Berkuasa / *Authority Ministry*  
**KEMENTERIAN KESIHATAN (MINISTRY OF HEALTH)**

Negara Pengeluar / *Issuing Country*  
**MALAYSIA**

Tarikh Dikeluarkan / *Date Issued*  
**15-Aug-2022**

Page 2 of 2

**MAKLUMAT VAKSINASI / *VACCINATION DETAILS***

***Booster Dose 1***



Tarikh Divaksin / *Date of Vaccination*  
**08-Aug-2022**

Pusat Pemberian Vaksin / *Vaccination Center*  
**Klinik Kesihatan WP Labuan**

Nama Produk / *Product name*  
**Comirnaty**

Nama Umum / *Common Name*  
**Pfizer**

Pengeluar / *Manufacturer*  
**Biontech Manufacturing GmbH**

Jenis Vaksin / *Vaccine Type*  
**SARS-CoV-2 mRNA vaccine**

No. Lot / *Batch No.*  
**FM9281**

**OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE**

<b>A: Personnel Data</b>			
Full Name:	MOHAMMAD FARHAN BIN AMRAN	DOB:	23 Apr 1996
ID No:	960423125613	Tel No:	Occupation: ENGINEER
Date:	2 May 2023	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) <b>2 May 2025</b>
<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"/> Operate motor vehicles or heavy machinery <input type="checkbox"/> Use a respirator <input type="checkbox"/> Repetitive twisting of valves or wrenches <input type="checkbox"/> These task restrictions are Permanent <input type="checkbox"/> Working at height <input type="checkbox"/> Pull push carry weight over ..... KG <input type="checkbox"/> Others (Specify): ..... <input type="checkbox"/> These task restrictions are Temporary
<input type="checkbox"/>	3. Not Fit To Work

**DR. LEE YUEN TECK**  
 M.D (KSMU,Russia) (MMC No:55612)  
 DOSH Reg. No: HQ.06.DOC/00/00150)  
 MPM AME No: 116.  
 Occupational Health Doctor (NIOSH)  
 Resident Medical Officer  
 Columbia Asia Hospital - Bintulu.

<b>E: Approved Medical Examiner's Details</b>	
MPM AME Name:	LEE YUEN TECK
MPM AME No:	MPM AME116
Address:	Lot 3582, Block 26, Kemena Land District, Jalan Tan Sri Ikhwan, Tanjung Kidurong, Bintulu
Tel:	086251888
Date:	2 May 2023

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

# MEDEX 001

## HEALTH DECLARATION AND CONSENT FORM



TO BE COMPLETED BY CANDIDATE / EMPLOYEE

Full Name: <u>Mohammad Farhan Bin Amran</u> (As in the I/C or Passport)	Staff / IC / Passport No: <u>960423-12-5613</u>	Contact No: (mobile) <u>0128612353</u>
Home Address / Company Address: <u>134, Taman Antarabangsa, Lintas, 55450 Kota Kinabalu, Sabah</u>		
Place of examination: <u>Columbo Asia Husg</u> Date: <u>2/5/2023</u>	Birth Date (dd/mm/yy) <u>23/04/96</u>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Offered / Current Job Title: <u>Field Engineer</u>		

DO YOU HAVE OR HAVE YOU HAD: (Tick 'YES' or 'NO')

		Y	N			Y	N			Y	N
1	Sinus problem		/	23	Gastritis / Ulcer		/	44	Mental problem e.g. depression		/
2	Allergic rhinitis / other allergy		/	24	Recurrent indigestion		/	45	Drug and Alcohol problem		/
3	Any skin-problem		/	25	Jaundice / Hepatitis / Liver problem		/	HAVE YOU EVER BEEN:-			
4	Any ear discharge		/	26	Gall Bladder Disease		/	46	Exposed to health hazards such as noise, dust, chemicals, heavy metals, radiation etc?	/	
5	Neck / gland swelling		/	27	Marked change in weight		/	47	Suffered from work related illness before such as asthma, skin condition, hearing loss, backache, blood disease etc?		/
6	Dental problem		/	28	Marked change in bowel habits		/	48	Have you had any previous abnormal audiometry / lung function test / Chest X-ray?		/
7	Severe headache / Migraine		/	29	Kidney stone / disease		/	49	HAVE YOU HAD OTHER ILLNESS (S)		/
8	Frequent dizziness / fainting episodes		/	30	Painful passage of urine		/	FOR WOMEN ONLY - Have you ever had:-			
9	Stroke		/	31	Blood in urine		/	50	Any gynaecological problem?		
10	Epilepsy		/	32	Piles / Hernia		/	51	Are you pregnant?		
11	Lump in breast / arm pit		/	33	Blood in stools (motions)		/				
12	Frequent lung infection		/	34	Varicose Veins		/				
13	Shortness of breath		/	35	Serious joints / spinal problem		/				
14	Coughed / Vomited blood		/	36	Gout		/				
15	Bronchial Asthma / Bronchitis		/	37	Diabetes		/				
16	Tuberculosis		/	38	Cancer		/				
17	Serious chest pain		/	39	Surgical operation		/				
18	Abnormal heart beat		/	40	Accident / injury		/				
19	Heart disease		/	41	Fear of heights		/				
20	High blood pressure		/	42	Fear in enclosed / Confined Space		/				
21	Any blood disease		/	43	Are you currently taking any medication?		/				
22	Severe abdominal pain		/								

Do you smoke / vape? Yes /  No      Do you take alcohol regularly? Yes /  No      If yes, amount per week?

Have any of your family members suffered from the following?

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer	<input type="checkbox"/> Eczema
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Blood disease	<input type="checkbox"/> Bronchial Asthma	<input type="checkbox"/> Epilepsy





Declaration & Consent Statement

I, the undersigned, declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge. I understand that false declaration of any information required above may result in disciplinary action and/or legal proceedings being taken against me.

For Fitness To Work health assessment including pre-employment, I hereby give consent to the examining Medical Examiner to disclose the information given in this MEDEX Forms and the result of my health assessment to the Company Health Advisors and/or authorized PETRONAS Personnel for the purposes of management of all matters related to PETRONAS employment processes.

For Preventive Health assessment (screening), I understand that medical data will be analysed anonymously for the purpose of the PETRONAS health and wellness program implementation. My personal identity will not be revealed at any point of analysis nor will it be used for Fitness To Work or employment processes.

I understand that PETRONAS shall endeavour to implement the appropriate security safeguards and administrative procedures in accordance with the applicable local laws and regulations to prevent unauthorized or unlawful processing, usage and accidental loss or destruction of/or damage to, my Personal Data.

I have read, understood and accept the contents of this Consent Statement given herein and I hereby give my consent for PETRONAS to manage my Personal Data in the PETRONAS Occupational Health Database System.

Name: Mohammad Farhan Amran Signature: [Signature] Date: 2/5/2023  
(Employee)

Questionnaires reviewed by:

Name: Lee 7-7 Signature: [Signature] Date: 02-05-2023  
(AME/Medical Examiner)



MOHAMMAD FARHAN BIN AMRAN  
MRN: BINT-0000064733  
Visit No: V000000001-BINT Sex: MALE  
MyKAD: 960423-12-5613  
DOB: 23/04/1996 Age: 27Y 0M 9D



# MEDEX 002 HEALTH ASSESSMENT



**PETRONAS**

Clear All Fields

Health Advisor Code		HR Email	
Employee Name	Mohammad Farhan Amran	Staff Number	
IC Number	960423-12-5613	Passport Number	

### ASSESSMENT TYPE

- Pre-employment     
  PHS - Periodic (Preventive)     
  Exit

Pre-Placement:  Domestic       International

For Cause:  Post Accident     
 Suspicion     
 Prolong Illness & MBO     
 Others (Please specify in MEDEX003's Remark)

Return to Work:  Job Specific     
 Offshore     
 Remote Location  
 Non Job Specific (post injury/illness)     
 Post MRP

**Job Specific**

<input type="checkbox"/> OffShore	<input type="checkbox"/> Breathing Apparatus User	<input type="checkbox"/> Food Handler	<input type="checkbox"/> Remote Location
<input type="checkbox"/> Confined Space Worker	<input type="checkbox"/> Crane and/or Fork Lift Operator	<input type="checkbox"/> Radiation Worker	<input type="checkbox"/> Health Care Worker
<input type="checkbox"/> Fire Fighter and Emergency Response Personnel	<input type="checkbox"/> Driver	<input type="checkbox"/> Work Requires Colour Perception	<input type="checkbox"/> Auxiliary Police
<input type="checkbox"/> Working at heights			

### PHYSICAL EXAMINATION

Weight (kg) 72.5   
 Height (m) 1.67   
 BMI 25.99   
 Fat%    
 Waist-Hip Ratio    
 BP (mmHg) 115 / 74   
 pulse (per min) 73

Distance Vision			Near Vision		Color Vision
Uncorrected	R	L	R	L	
	R	L	R	L	Normal
Corrected	R 6/b	L 6/b	R	L	

MOHAMMAD FARHAN BIN AMRAN

MRN: BINT-0000064733  
 Visit No: V000000001-BINT Sex: MALE  
 MyKAD: 960423-12-5613  
 DOB: 23/04/1996 Age: 27Y 0M 9D



# MEDEX 002 HEALTH ASSESSMENT



Employee Name: Mohammad Farhan Amran

Staff/NRIC/Passport No. 96623-12-513

N = Normal, A = Abnormal, NA = Not Applicable

Default all to Normal

- |                      |                                    |                         |                          |                                    |                                    |                         |                                     |
|----------------------|------------------------------------|-------------------------|--------------------------|------------------------------------|------------------------------------|-------------------------|-------------------------------------|
| 1 Eyes               | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 8 Skin                             | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |
| 2 Ear, Nose & Throat | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 9 Varicose Veins                   | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |
| 3 Oral / Teeth       | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 10 Extremities/<br>Musculoskeletal | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |
| 4 Lungs / chest      | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 11 Neurological                    | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |
| 5 Cardiovascular     | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 12 Genitourinary                   | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |
| 6 Abdomen            | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 13 Breast                          | <input type="radio"/> N            | <input type="radio"/> A | <input checked="" type="radio"/> NA |
| 7 Hernia Orifices    | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA | 14 Anus & Rectal<br>Examination    | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA            |

Assessments & Examinations Finding/Medical Remarks

Upper false teeth present.

### CLINICAL AND LABORATORY TEST RESULTS

- |                         |                                    |                                    |                                     |                        |                                    |                         |                          |
|-------------------------|------------------------------------|------------------------------------|-------------------------------------|------------------------|------------------------------------|-------------------------|--------------------------|
| 1 Audiometry            | <input checked="" type="radio"/> N | <input type="radio"/> A            | <input type="radio"/> NA            | 7 Serum Electrolytes   | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |
| 2 Chest X-Ray           | <input checked="" type="radio"/> N | <input type="radio"/> A            | <input type="radio"/> NA            | 8 Serum Lipids         | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |
| 3 ECG                   | <input type="radio"/> N            | <input type="radio"/> A            | <input checked="" type="radio"/> NA | 9 Urea & Creatinine    | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |
| 4 Lung Function Test    | <input type="radio"/> N            | <input checked="" type="radio"/> A | <input type="radio"/> NA            | 10 Liver Function Test | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |
| 5 Full Blood Count      | <input checked="" type="radio"/> N | <input type="radio"/> A            | <input type="radio"/> NA            | 11 Urinalysis          | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |
| 6 Fasting Blood Glucose | <input checked="" type="radio"/> N | <input type="radio"/> A            | <input type="radio"/> NA            | 12 Urine Drug Test     | <input checked="" type="radio"/> N | <input type="radio"/> A | <input type="radio"/> NA |

Total Chol 6.9 mmol/L    Fasting Blood Glucose 4.7 mmol/L    Blood Grp B+ve    Stress Test NA    PAP Smear NA    Mammogram NA

#### Audiometry Test Results (RIGHT) Left blank if there's no value

Frequency (KHz)	0.5	1.0	2.0	3.0	4.0	6.0	8.0	Avg 0.5,1,2	Avg 0.5,1,2,3	Avg 2,3,4
dB	15	20	15	10	15	-5	0	16	15	15.33

#### Audiometry Test Results (LEFT) Left blank if there's no value

Frequency (KHz)	0.5	1.0	2.0	3.0	4.0	6.0	8.0	Avg 0.5,1,2	Avg 0.5,1,2,3	Avg 2,3,4
dB	20	25	20	20	25	15	15	21.66	21.25	21.66

Additional Tests Findings/Remarks

If yes / applicable, kindly select (X) relevant box (confirmed diagnosis only)

- Diabetes Mellitus   
  Hypertension   
  Ischaemic Heart Disease   
  Bronchial Asthma   
  Smoking / Vaping

Prepared by:

MOHAMMAD FARHAN BIN AMRAN

MRN: BINT-0000064733  
 Visit No: V0000000001-BINT Sex: MALE  
 MyKAD: 980423-12-5613  
 DOB: 23/04/1996 Age: 27Y 0M 9D



# MEDEX 003 FITNESS TO WORK CERTIFICATE



PETRONAS

Employee Name Mohammad Farhan Amran

Staff/NRIC/Passport No. 966423-12-5613

This is to certify that I have examined the above named person and found his/her fitness status as follows :

ASSESSMENT TYPE	RESULT <i>Fit / Unfit / Fit with Restriction</i>	NEXT DUE <i>Validity/Expiry Date of the assessment (dd.mm.yyyy)</i>
<input type="checkbox"/> Pre-employment		
<input type="checkbox"/> Pre-Placement		
<input type="checkbox"/> For-Cause		
<input type="checkbox"/> Return to Work		
<input type="checkbox"/> Job Specific		

RESTRICTION INFO:

JOB  DURATION  LOCATION

Restriction End Date (dd.mm.yyyy)

Remarks To HR (For Unfit/FWR cases, kindly state the risk and implication if the candidate/staff is allowed to work)

*F27 to work  
valid till 02.05.2025 (2 years).*

Medical Advice / Consultation To Employee

*NZL*

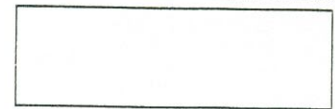
**PETRONAS APPROVED MEDICAL EXAMINER**  
(SK 015)  
**DR LEE YUEN TECK**  
PETRONAS COLUMBIA ASIA HOSPITAL BINTULU

AME'S/Medical Examiner Signature

AME's/Medical Examiner Name : DR LEE YUEN TECK

Clinic Name : COLUMBIA ASIA HOSPITAL

Date (dd.mm.yyyy) 02.05.2023



AME'S stamp



## ONSITE URINE DRUG TEST (Substance Abuse Test Report)

MOHAMMAD FARHAN BIN AMRAN

MRN: BINT-0000064733  
 Visit No: V0000000001-BINT Sex: MALE  
 MyKAD: 980423-12-5613  
 DOB: 23/04/1996 Age: 27Y 0M 9D



### Step 1: Completed by Collector

Donor Name: Mohammad Farhan Amran Company Name: Dimension Sdn Bhd  
 Employee ID No./NRIC No./Passport No: 960423-12-5613 Contact No.: 012 862 353

### Step 2: Type of Test

Pre-Employment/ Pre-Placement  Random  For-Cause  Post-Incident  Periodic/Routine  Pre-deployment/Mobilize

### Step 3: Drug Test to be Performed

Marijuana (THC)  Morphine (MOP)  Barbiturates (BAR)  Methylene-dioxy-methamphetamine (MDMA)  
 Benzodiazepines (BZO)  Cocaine (COC)  Phencyclidine (PCP)  Methadone (MTD)  
 Amphetamines (AMP)  Propoxyphene (PPX)  Others -

### Step 4: Drug Test POCT Kit

Test Kit No.: 0000612985 Date of Test: 01/12/2023 Time of Collection: 09:10 am  
 Expiry Date: 2024-08-20 Specimen ID: 64732 Time of Testing: 09:13 am  
 Collection Site:  In-house:  Mobile (Place): \_\_\_\_\_

### Step 5: Alcohol Screening

Alcohol Breathalyzer Result (Attach the printed result to this form):  Negative (Pass)  Positive (Fail)

### Step 6: Complete by Collector (note remarks where appropriate) Collector to read sample temperature within 4 minutes)

Type of Sample  First Sample  Observed Second Sample  Shy Bladder Specimen  
 Temperature between 32°-38°C (90°-100°F)  Yes  No  
 Sample Validity is Good  Yes  No  
 Urine Volume Sufficient  Yes  No

### Step 7: To be Completed by Donor

I certify that I provided my urine sample to the Collector, that each sample bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the seal affixed to each single sample bottle is correct.

Donor Name: Mohammad Farhan Amran Donor Signature: [Signature] Date: 21/12/2023

### Step 8: To be Complete by Collector

I certify that the urine sample given to me by the Donor identified in the certification Step 5 of this form was collected, labelled and sealed in front of the Donor.

**ROBERT OWEN ANAK LAI**  
 STAFF NURSE  
 LJM 173019  
 Columbia Asia Hospital- Bintulu

Collector Name: \_\_\_\_\_ Collector Signature: [Signature] Date: 01/12/2023

### Step 9: To be Completed by MRO

Urine Drug Screening Results -  
 All Negative  Non-Negative  THC  MOP  AMP  MDMA  BZO  COC  Validity  Others \_\_\_\_\_  
**DR LEE YUEN TECK**  
 M.D (KSMU, Russia) (MMC No: 55612)  
 DOSH Reg. No: HQ/02/DOC/00/00150)  
 MPM AME No: 116.  
 Occupational Health Doctor (NIOSH)  
 Resident Medical Officer  
 Columbia Asia Hospital - Bintulu  
 MRO Name: DR LEE YUEN TECK MRO Signature: [Signature] Date: 01/12/2023

### Step 10: Collector to Send Urine Sample to ABrC (Analytical Biochemistry Research Centre), USM Penang for Confirmatory test (if urine POCT result is non-negative)

- Fill up ABrC Request Form (Drug of Abuse Analysis)
- Release Sample Bottle(s) to ABrC by Courier using Sample Transportation / Shipping



APPENDIX 4

QUESTIONNAIRE FORM FOR AUDIOMETRIC TESTING

NAME : Mhammad Farhan Amran SEX : Male (  ) / Female (  )  
 AGE : 27 COMPANY : Kansera B12  
 IC/PASSPORT NO.: 960423-12-5613 SECTION : CHS

**CAUTION: Do not proceed with audiometric testing if the worker has conditions that may affect the test results (Example: cold, giddiness, tinnitus etc.).**

Please tick  whichever relevant.

1. Were you exposed to loud noise within 14 hours prior to today's test?  
 YES  NO

**CAUTION: If "YES", please abort and reschedule testing with an advice to avoid loud noise 14 hours prior to test.**

2. Have you suffered any illness that has affected your hearing (e.g.: infection, tinnitus, discharge etc.)?  
 YES  NO   
 If YES, please detail: \_\_\_\_\_

3. Have you ever had an ear operation or any other major operation that affected your hearing?  
 YES  NO   
 If YES, please detail: \_\_\_\_\_

4. Have you ever taken any medication (tablets or injections) that affected your hearing?  
 YES  NO   
 If YES, please detail: \_\_\_\_\_  
 (e.g.: chainsaw, firecrackers, explosion, gunfire, motorcycles)?  
 YES  NO   
 If YES, what kind: \_\_\_\_\_  
 and how often : \_\_\_\_\_

6. Any family history of hearing loss/disorders?  
 YES  NO   
 If YES, please detail: \_\_\_\_\_

7. Do you attend night clubs/pubs/discotheques or pop/rock concerts?  
 NEVER  ONCE A YEAR   
 MORE THAN ONCE A YEAR

8. Do you use a personal stereo (e.g.: walkman/ iPod)?  
 NEVER   
 LESS THAN 2 HOURS PER WEEK   
 MORE THAN 2 HOURS PER WEEK

9. Do you play loud musical instruments?

YES  NO   
 If YES, please detail: \_\_\_\_\_

10. Have you worked in noisy jobs in the past? (jobs where you had communication difficulty due to noise)?

YES  NO   
 If YES, please detail: machinery noise

11. Were you wearing personal hearing protectors (PHP) at that time (referring to Q10)?

YES  NO   
 If YES, type of PHP : \_\_\_\_\_

12. Have you had an audiometric test before?

YES  NO   
 If YES, when: 26/6/2022  
 and where : PayaLhari, KL

**NOTE: An answer of "YES" for Q2-Q6, "MORE THAN ONCE A YEAR" for Q7, "MORE THAN 2 HOURS PER WEEK" for Q8, "ROCK BAND/SYMPHONY ORCHESTRA" for Q9 and its' significance may indicate on how the test results will be interpreted. Question 10, 11 and 12 are meant to reflect a suspicion of a pre-existing hearing disorder and the worker's knowledge about audiometric testing.**

NORMAL  ABNORMAL   
 If YES, please detail: \_\_\_\_\_

**CAUTION: The audiometric testing shall be aborted and rescheduled if any significant abnormality detected in the visual examination of the ear (e.g.: active ear discharge/excessive cerumen/ wax impaction etc.). A referral to a doctor for further intervention may be necessary before repeating the test.**

**NOTE: Please explain clearly the audiometric testing procedure to the worker. This form is to be compiled with the audiometric report for review by the OHD.**

AUDIOMETRIC TECHNICIAN

SIGNATURE: Su

NAME : Sim Wei Mui



Name : Mohammad Farhan Amran Date : 2/5/2023 Time : \_\_\_\_\_  
 Job Title: Field Engineer Company : Dimension Sdn  
 DOB: 23/4/1996 Sex:  M  F NIRC/ Passport No. : 960423-12-5713  
 Tel Contact No: HP 0128612353 Office \_\_\_\_\_ Home \_\_\_\_\_

Occupational History

Type of work/industry	Job Title	Noise exposure Level (if available)	Date of Employment		Audiogram done
			From	Until	
Oil & gas	Field engineer	Yes	7/8/22	present	Yes

Usage of hearing protective devices:

Constant usage during exposure  Partial usage  Not using at all  Not provided

Checklist : Tick or check one box for each question

- |   | Yes                                 | No                                  |   | Yes                      | No                                  |
|---|-------------------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| 1) Exposure to loud noise last 14 hrs   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7) Giddiness/Vertigo/Tinnitus                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Worked in noisy environment          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8) Ear diseases i.e pain/discharges             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Any hobbies with loud noise involved | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9) Previous ENT surgery                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Previous head injury/CNS infection   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10) Recent URTI/sinusitis/air travel            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Exposed to ototoxic medications      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 11) Family history of deafness                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Had mumps/measles with hearing loss  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12) Deep sea diving (occupational/recreational) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If 'Yes' please specify \_\_\_\_\_

Otological Findings

(R) ear

- Normal findings  
 Abnormal findings

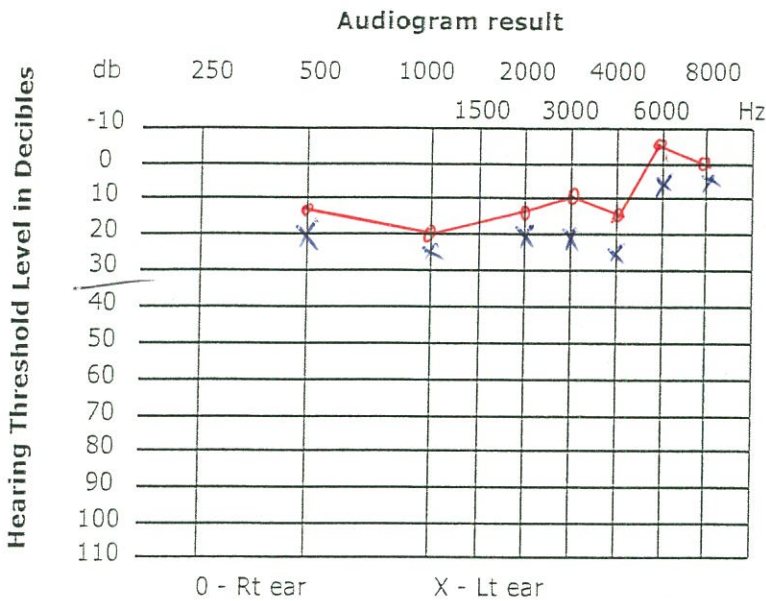
(Specify) \_\_\_\_\_

(L) ear

- Normal findings  
 Abnormal findings

(Specify) \_\_\_\_\_

MRN : \_\_\_\_\_ [AUDIOGRAM]



Average Hearing Threshold	
0.5, 1, 2,3 KHZ (mean)	
Right ear	15
Left ear	21.25
2, 3, 4 KHZ (mean)	
Right ear	13.33
Left ear	21.66
2, 3, 4 KHZ (mean) Baseline	
Date done	
Right ear	
Left ear	
0.5, 1, 2, KHZ (mean)	
Right ear	16.66
Left ear	21.66

DOSH Approval No: JKKP PSLM 50/06  
 Audiometer (Type) OSCILLA SN910  
 Date of calibration: 3/6/22

**Conclusion:**

- Normal
- Abnormal ( refer to Appendix 6)

**Recommendations:**

- Next Audiogram in yearly (20 23)
- For repeat audiogram in 3 months' time on \_\_\_\_\_ (20 )
- Kindly report case of permanent standard threshold shift to Chief Inspector, DOSH.
- Kindly refer case to SOCSO for occupational NIHL compensation claim.

**Acknowledgement to examiner:**

- Examiner informed to result and advice on hearing conversation given.
- Type of hearing protection recommended (if applicable)  Plugs  Muff

MOHAMMAD FARHAN BIN AMRAN  
 MRN: BINT-0000064733  
 Visit No: V000000001-BINT Sex: MALE  
 MyKAD: 980423-12-5613  
 DOB: 23/04/1996 Age: 27Y 0M 9D



Examinee's signature : \_\_\_\_\_

Audiogram performed by: SIM WEI MUN Signature: \_\_\_\_\_

Audiogram evaluated by Dr. LEE YUEN TECK Signature: \_\_\_\_\_

**DR. LEE YUEN TECK**  
 M.D (KSMU, Russia) (MMC No: 55812)  
 DOSH Reg. No: HQ/08/DOC/00/00150)  
 MPM AME No: 116.  
 Occupational Health Doctor (NIOSH)  
 Resident Medical Officer  
 Columbia Asia Hospital - Bintulu.

Date: 2/5/23



**Vitalograph® alpha**

Spirometry Report  
 02/MAY/2023, 08:25

NAME \_\_\_\_\_

ID : 64733      AGE : 27 YRS  
 HEIGHT : 167 CM      SEX : MALE  
 SMOKER : NON SMOKER      NORMAL VALUES ERS93  
 CORRECTION FACTOR : 0.90

TEST DATE : 02/MAY/2023      TEST TIME : 08:26  
 No ATTEMPTS : 4      VALUES AT BTSP  
 FVC WITHIN : 0.07 L      FEV1 WITHIN : 0.06 ATS  
 TEST QUALITY: GRADE A

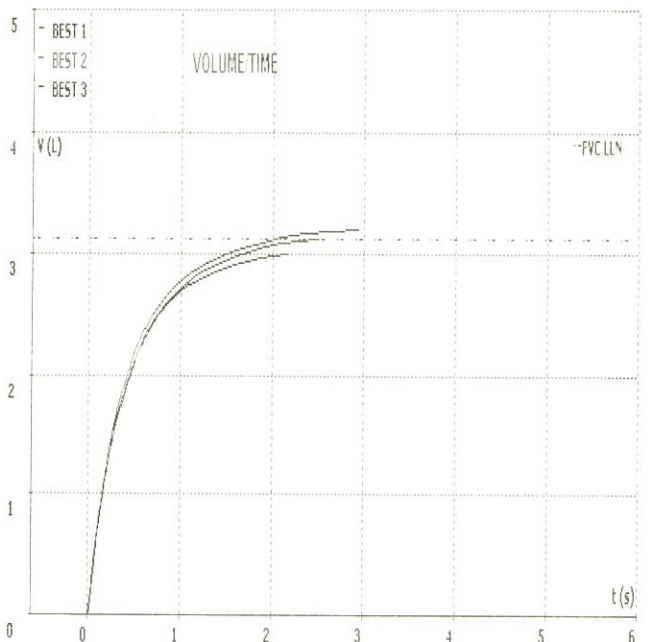
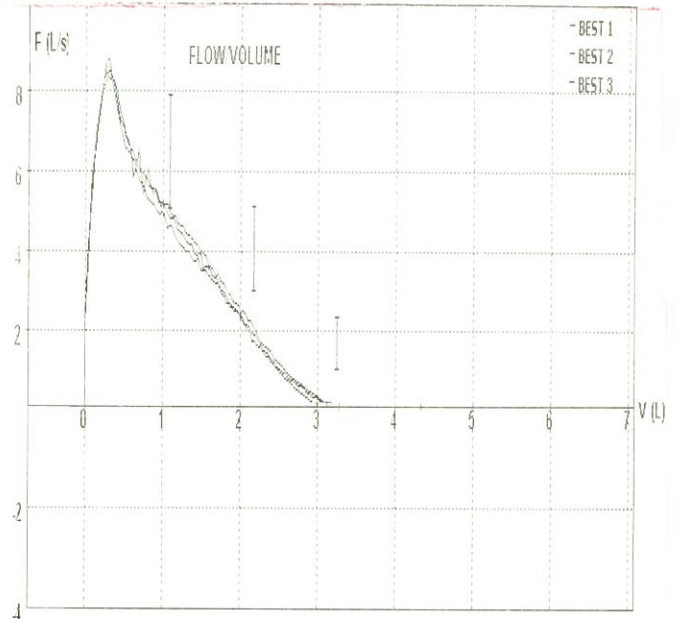
SERIAL # : 12345      ACC. CHECK : 04/JAN/2023  
 CALIBRATION : 04/JAN/2023

Index		Norm Pred	Best 1	Best 2	Best 3	Meas BEST	%Pred
FVC	L	4.12	3.23	3.16	3.03*	3.23	78
FEV1	L	3.52	2.79	2.73	2.71	2.79	79
FEV1R		0.82	0.86	0.86	0.89	0.86	105
PEF	L/min	554	538	499	508	538	97
FEF25-75	L/s	4.78	3.07	2.96*	3.20	3.07	64
FEF25	L/s	7.87	5.86	5.54	5.95	5.86	74
FEF50	L/s	5.14	3.60	3.51	3.93	3.60	70
FEF75	L/s	2.32	1.50	1.47	1.63	1.50	65
MV/VInd	L/min	132	105	102	102	105	80

\* BELOW LOWER LIMIT OF NORMALITY (LLN)

Vitalograph

CAT#00194



**SUGGESTED INTERPRETATION:**  
 Computer interpretations cannot be relied upon for diagnosis.

Mild restriction  
**DR. LEE YUEN TECK**  
 M.D (KSMU, Russia) (MMC No: 55612)  
 DOSH Reg. No: HQ/08/DOC/00/00150)  
 MPM A.M.E. No: 116  
 Occupational Health Doctor (NIOSH)  
 Resident Medical Officer  
 Columbia Asia Hospital - Bintulu.

<p><b>COLUMBIA ASIA</b></p> <p><b>COLUMBIA ASIA HOSPITAL BINTULU</b></p> <p>Wholly Owned By TruePeace Sdn. Bhd. Lot 3582, Block 26 Kemena Land District, Bintulu – 97000 Tel : 086-251 888 Fax : 086-252 888</p>	<p><b>RADIOLOGY REPORT</b></p>	<p><b>Patient's Name</b> : MOHAMMAD FARHAN BIN AMRAN</p> <p><b>IC Number</b> : 960423-12-5613</p> <p><b>Old IC/ Passport NO</b> :</p> <p><b>MRN</b> : BINT-0000064733</p> <p><b>Visit Number</b> : V0000000001-BINT</p> <p><b>Date of Birth</b> : 1996-04-23</p> <p><b>Age</b> : 27 Yrs 8 Days</p> <p><b>Sex</b> : Male</p> <p><b>Ward / Room / Bed</b> : / /</p>
--	--------------------------------	---

**Report Date / Time** :02.05.2023 09:03:49  
**Modality** :CR  
**Ref Doctor** :DR KHOR FOO KIANG

**BILLING CODE:**  
CHEST (SINGLE VIEW)

**PROCEDURE AND FINDINGS:**  
CHEST RADIOGRAPH (PA ERECT).

Indication: Medical check up.

Findings:

The lungs are clear.  
No pleural effusion or pneumothorax.  
The heart size is within normal limits.  
Normal vascular markings seen.  
Normal mediastinal contour and no hilar lymphadenopathy.  
The rib cage is normal.

**IMPRESSION**  
Normal study. ✓

**REPORTED BY :**



**Dr. Khor Foo Kiang**  
MD(UMS), Ms. Radiology(UKM)  
Consultant Radiologist  
(MMC No:48411)  
Columbia Asia Hospital – BINTULU

Courier Run: BT1

Patient Details UR:  
MOHAMMAD FARHAN BIN AMRAN

BINTULU 97000  
DOB : 23/04/96 Sex: Male  
ID No.: 960423125613 Age: 27 Years  
Collected: 02/05/23 08:30 Ward:  
Referred : 02/05/23 Yr Ref.:64733 HS

Doctor Details  
DR LEE YUEN TECK  
COLUMBIA ASIA HOSPITAL BIN  
LOT 3582,BLOK 26,KEMENA LA  
JLN TAN SRI IKHWAN,TG KIDU  
BINTULU SRW 97000

Lab No.:23-1124783

GENERAL SCREENING TEST MERDEKA 50 PROFILE

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Haemoglobin		147 g/L	(130-180)
RBC		5.31 x 10 <sup>12</sup> /L	(4.50-6.50)
PCV		0.45 L/L	(0.40-0.55)
MCV		84 fL	(78-99)
MCH		28 pg	(27-32)
MCHC		329 g/L	(300-360)
RDW		12.3 %	(11.0-15.0)
White Cell Count		9.9 x 10 <sup>9</sup> /L	(4.0-11.0)
Neutrophils	51 %	5.1 x 10 <sup>9</sup> /L	(2.0-8.0)
Lymphocytes	39 %	3.9 x 10 <sup>9</sup> /L	(1.0-4.0)
Monocytes	7 %	0.7 x 10 <sup>9</sup> /L	(< 1.2)
Eosinophils	2 %	0.2 x 10 <sup>9</sup> /L	(< 0.8)
Basophils	1 %	0.1 x 10 <sup>9</sup> /L	(< 0.2)
Platelets		331 x 10 <sup>9</sup> /L	(150-400)

CC Drs: LEE YUEN TECK.

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Printed On: 02/05/23 At: 10:05 Run#: 7380 Page#: 19

Courier Run: BT1

**Patient Details** UR:  
MOHAMMAD FARHAN BIN AMRAN

BINTULU 97000  
DOB : 23/04/96 Sex: Male  
ID No.: 960423125613 Age: 27 Years  
Collected: 02/05/23 08:30 Ward:  
Referred : 02/05/23 Yr Ref.:64733 HS

**Doctor Details**  
DR LEE YUEN TECK  
COLUMBIA ASIA HOSPITAL BIN  
LOT 3582, BLOK 26, KEMENA LA  
JLN TAN SRI IKHWAN, TG KIDU  
BINTULU SRW 97000

Lab No.:23-1124783

**GENERAL BIOCHEMISTRY**

**Lipids**

* Total Cholesterol	<u>6.8</u>	mmol/L	( <u>&lt; 5.2</u> )
Triglyceride	1.23	mmol/L	(< 1.68)
HDL Cholesterol	1.25	mmol/L	(> 1.03)
* LDL Cholesterol	<u>4.99</u>	mmol/L	(< 2.58)
* Non-HDL Cholesterol	<u>5.55</u>	mmol/L	(< 3.37)
* Total Cholesterol/HDL ratio	<u>5.4</u>		( <u>&lt; 5.0</u> )

Moderate hypercholesterolaemia.

**Electrolytes**

Sodium	139	mmol/L	(135-145)
Potassium	4.6	mmol/L	(3.5-5.1)
Chloride	101	mmol/L	(95-110)

**Renal Function**

Urea	4.8	mmol/L	(2.5-8.0)
Creatinine	93	umol/L	(50-116)
eGFR	100	mL/min/1.73m <sup>2</sup>	
Uric Acid	0.34	mmol/L	(0.18-0.47)
Calcium	2.42	mmol/L	(2.10-2.55)
Corrected Calcium	2.36	mmol/L	(2.10-2.55)
Phosphate	1.40	mmol/L	(0.65-1.45)

An eGFR (CKD-EPI) - Normal (  $\geq 90$  mL/min/1.73 m<sup>2</sup> )

NOTE:

EGFR is NOT VALID for pregnant women, dialysis patients and/or teenagers under 18 years of age.

Result should be interpreted alongside clinical presentation and in reference to KDIGO 2012 CKD Guidelines and the Malaysian Clinical Practice Guidelines for the Management of Chronic Kidney Disease 2nd Edition (2018).

**Liver Function**

Total Protein	78	g/L	(60-82)
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CC Drs: LEE YUEN TECK.

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Printed On: 02/05/23 At: 10:05 Run#: 7380 Page#: 20

Courier Run: BT1

Patient Details UR:  
MOHAMMAD FARHAN BIN AMRAN

BINTULU 97000  
DOB : 23/04/96 Sex: Male  
ID No.: 960423125613 Age: 27 Years  
Collected: 02/05/23 08:30 Ward:  
Referred : 02/05/23 Yr Ref.:64733 HS

Doctor Details  
DR LEE YUEN TECK  
COLUMBIA ASIA HOSPITAL BIN  
LOT 3582, BLOK 26, KEMENA LA  
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BINTULU SRW 97000

Lab No.:23-1124783

Albumin	46	g/L	(35-50)
Globulin	32	g/L	(20-39)
Albumin/Globulin ratio	1.4		(1.0-2.5)
Alkaline Phosphatase	85	U/L	(30-120)
Total Bilirubin	7	umol/L	(< 21)
* GGT	<u>56</u>	U/L	(< 51)
AST	18	U/L	(< 41)
ALT	24	U/L	(< 51)

SERUM/PLASMA GLUCOSE

Glucose	4.7	mmol/L	(4.1 - 6.1)
Specimen collected	08:30 h		
Specimen type	Fasting		

NOTE:

1. Non diabetic cut off is < 6.1 mmol/L based on the Malaysian Clinical Practice Guideline (CPG).
2. It is advised that hypoglycaemia be determined based on the Whipple's triad.

Remark: Fasting glucose reference range has been revised effective 17th Aug 2020.

CC Drs: LEE YUEN TECK.

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Printed On: 02/05/23 At: 10:05 Run#: 7380 Page#: 21

Courier Run: BT1

**Patient Details** UR:  
MOHAMMAD FARHAN BIN AMRAN

BINTULU 97000  
DOB : 23/04/96 Sex: Male  
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**Doctor Details**  
DR LEE YUEN TECK  
COLUMBIA ASIA HOSPITAL BIN  
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JLN TAN SRI IKHWAN, TG KIDU  
BINTULU SRW 97000

Lab No.:23-1124783

**URINE FEME**

**Urine Appearance**

Transparency	Slightly Turbid
Colour	Yellow

**CHEMISTRY**

SG:	1.020	(1.004-1.030)
pH:	6.0	(4.8-7.4)
Leucocytes:	Nil	(Nil)
* Blood:	+	(Nil)
Nitrite:	Negative	(Negative)
Ketones:	Nil	(Nil)
Bilirubin:	Nil	(Nil)
Urobilinogen	Nil	(Nil)
* Protein:	+	(Nil)
Glucose:	Nil	(Nil)

*Handwritten notes: UT, kidney stone*

**MICROSCOPY**

Leucocytes	0 x 10 <sup>6</sup> /L	(<10 x 10 <sup>6</sup> /L)
* Erythrocytes	18 x 10 <sup>6</sup> /L	(< 5 x 10 <sup>6</sup> /L)
Epithelial Cells	Nil	(Nil)

No casts or crystals seen.

**REPORT COMPLETED**

**PLEASE FILE**

Tests Requested:

HAEMATOLOGY GENERAL, TAG ON ORDERING, GENERAL SCREEN-BIOCHEM,  
GLUCOSE, SERUM/PLASMA, GLUCOSE, SERUM/PLASMA, GENERAL SCREEN-MICROBIOL.

CC Drs: LEE YUEN TECK.

COMPUTER GENERATED REPORT - NO SIGNATURE REQUIRED

Printed On: 02/05/23 At: 10:05 Run#: 7380 Page#: 22



# Certificate of Achievement

This is to certify

**Mohammad Farhan Bin Amran**

---

has successfully attended and passed the

**PCSB PTW Level 1 Awareness (Contractors)**



Certificate valid

**2022-09-27 to 2025-09-26**

Certificate Serial No: **000000040508**



# Certificate of Achievement

This is to certify

**Mohammad Farhan Amran**

---

has successfully attended and passed the

**PCSB PTW Level 2 Assessment**



Certificate valid

**2022-10-13 to 2025-10-11**

Certificate Serial No: **000000041865**

**FIT TEST REPORT**

4/19/2023

ID NUMBER 20230475  
LAST NAME BIN AMRAN IC NO 960423-12-5613  
FIRST NAME MOHAMMAD FARHAN  
COMPANY DIMENSION BID M SB  
LOCATION MIRI  
TEST DATE 4/19/2023 09:03 PORTACOUNT S/N 8030154409  
DUE DATE 4/18/2025 N95 COMPANION N  
RESPIRATOR 3M 6800 FULL MASK [500] PROTOCOL OSHA FAST-FULL/HALF FACE  
MANUFACTURER 3M PASS LEVEL 500  
MODEL 6800  
MASK STYLE FULL MASK APPROVAL NIOSH  
MASK SIZE M EFFICIENCY<99% False

<u>EXERCISE</u>	<u>DURATION (sec.)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
BENDING OVER	50	21172	Y
JOGGING IN PLACE	30	26465	Y
HEAD SIDE TO SIDE	30	20163	Y
HEAD UP AND DOWN	30	26465	Y
OVERALL FF		23202	Y

FIT TEST OPERATOR  DATE 19.04.2023  
AFT057 (LING KIAN FUI)  
NAME  DATE 19/4/2023  
MOHAMMAD FARHAN BIN AMRAN

Note:



**Respirator Fit Test Card**

Name: MOHAMMAD FARHAN BIN AMRAN Test Date: 4/19/2023  
ID: 20230475 Next Test Date: 4/18/2025

<b><u>Respirator</u></b>	<b><u>Results</u></b>
Mfg: 3M	Overall FF: 23202
Model: 6800	FF Pass Level: 500
Style: FULL MASK	Pass: Y
Size: M	Operator: AFT057 (L...

Protocol: OSHA FAST-FULL/HALF FACE  
Fit Test Method: QNFT using TSI PortaCount  
BORNEO SAFETY TRAINING SERVICES SDN BHD



