

OFFSHORE AND REMOTE ONSHORE MEDICAL FITNESS CERTIFICATE

A: Personnel Data			
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: 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) 2 May 2025	
<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	

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.

E: Approved Medical Examiner's Details	
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



PETRONAS

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>
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Home Address / Company Address:
134, Taman Antarabangsa, Lintas, 55450 Kota Kinabalu, Sabah

Place of examination: <u>Columbus Asia Husg</u>	Birth Date (dd/mm/yy) <u>23/04/96</u>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
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Offered / Current Job Title: Field Engineer

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	<input type="text"/>	HR Email	<input type="text"/>
Employee Name	Mohammad Farhan Amran	Staff Number	<input type="text"/>
IC Number	960423-12-5613	Passport Number	<input type="text"/>

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) Height(m) BMI Fat% Waist-Hip Ratio BP (mmHg) / pulse (per min)

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



PETRONAS

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/
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
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:

Generated on

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
COLUMBIA ASIA HOSPITAL BINTULU

AME'S/Medical Examiner Signature

Date (dd.mm.yyyy) 02.05.2023

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

Clinic Name : COLUMBIA ASIA HOSPITAL



AME'S stamp

MOHAMMAD FARHAN BIN AMRAN

MRN: BINT-0000064733
Visit No: V0000000001-BINT Sex: MALE
MyKAD: 960423-12-5613
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 _____
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)

1. Fill up ABrC Request Form (Drug of Abuse Analysis)
2. 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 : PayaLampi, 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

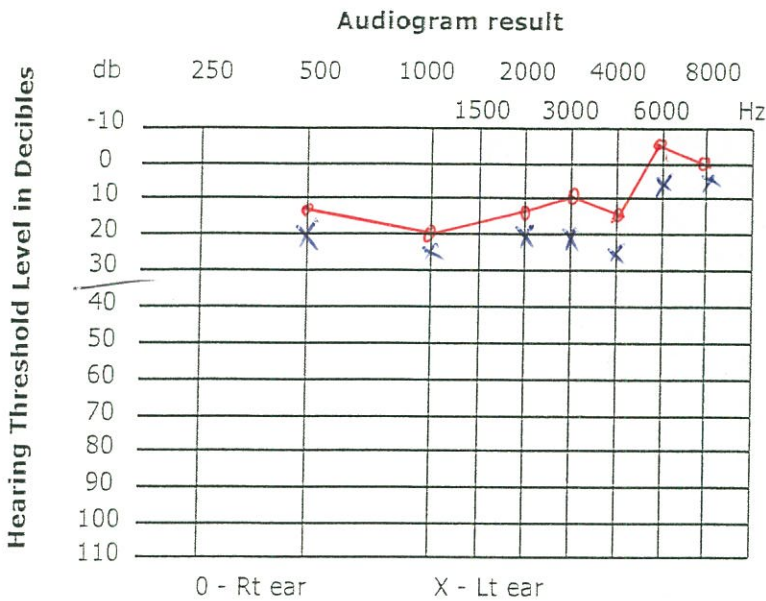
(Specify) _____

(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: _____

Date: 2/5/23

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.



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

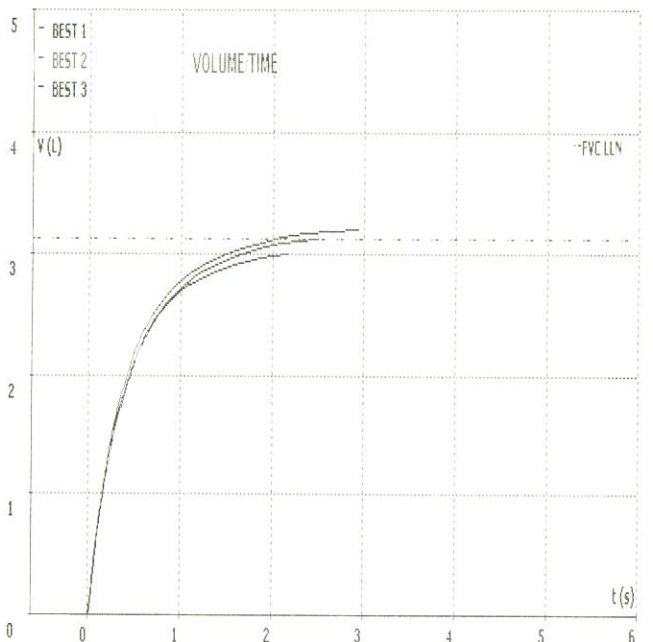
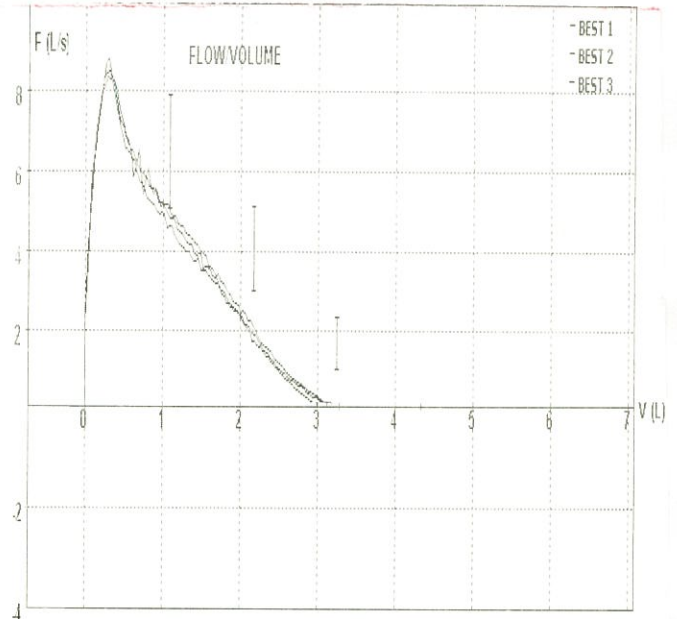
SERIAL # : 12345 ACC. CHECK : 04/JAN/2023
 CALIBRATION : 04/JAN/2023

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 No: 116
 Occupational Health Doctor (NIOSH)
 Resident Medical Officer
 Columbia Asia Hospital - Bintulu.

<p>COLUMBIA ASIA</p> <p>COLUMBIA ASIA HOSPITAL BINTULU</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>RADIOLOGY REPORT</p>	<p>Patient's Name : MOHAMMAD FARHAN BIN AMRAN IC Number : 960423-12-5613 Old IC/ Passport NO : MRN : BINT-0000064733 Visit Number : V000000001-BINT Date of Birth : 1996-04-23 Age : 27 Yrs 8 Days Sex : Male Ward / Room / Bed : / /</p>
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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 ¹² /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 ⁹ /L	(4.0-11.0)
Neutrophils	51 %	5.1 x 10 ⁹ /L	(2.0-8.0)
Lymphocytes	39 %	3.9 x 10 ⁹ /L	(1.0-4.0)
Monocytes	7 %	0.7 x 10 ⁹ /L	(< 1.2)
Eosinophils	2 %	0.2 x 10 ⁹ /L	(< 0.8)
Basophils	1 %	0.1 x 10 ⁹ /L	(< 0.2)
Platelets		331 x 10 ⁹ /L	(150-400)

CC Drs: LEE YUEN TECK.

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GENERAL BIOCHEMISTRY

Lipids

* Total Cholesterol	<u>6.8</u>	mmol/L	(<u>< 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>< 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 ²	
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 (≥ 90 mL/min/1.73 m²)

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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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.

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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 ⁶ /L	(<10 x 10 ⁶ /L)
* Erythrocytes	18 x 10 ⁶ /L	(< 5 x 10 ⁶ /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.

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