



XPRESS Medical Review

Guiding Principle

The PETRONAS Group adopts zero tolerance against all forms of bribery and corruption. We abide by the PETRONAS Code of Conduct and Business Ethics (CoBE) & Anti-Bribery and Corruption (ABC) Manual, guided by our Shared Values and Statement of Purpose.

© 2024 Petroliaam Nasional Berhad (PETRONAS)

All rights reserved. No part of this document may be reproduced in any form possible, stored in a retrieval system, transmitted and/or disseminated in any form or by any means (digital, mechanical, hard copy, recording or otherwise) without the permission of the copyright owner.

FTW Requirements Prior Entering Pengerang Integrated Complex (PIC)



- To ensure that as reasonably practicable, the **worker is physically and mentally fit** to carry out his/her designated duties at the designated workplace.
- Applicable for all **PRPC Group's Contractor workers**.
- Health assessment shall be **done within 6 months prior to commencement of work**
- To be repeated at least **every 2 years** OR as advised by DOSH registered Occupational Health Doctor (OHD).
- Categories:
 - **CSE**
 - **Working at height (WAH)**
 - **Crane & forklift driver**
 - **Driver**
 - **Food handler**
 - **Contractor plant & field based**
 - **Contractor non-plant & non-field based**

Regulatory and PETRONAS Requirements Related to Health Surveillance



1 Industry Code Of Practice For Safe Working In A Confined Space 2010

For Confined Space Entry (CSE)

2 Occupational Safety & Health (Noise Exposure) Regulation, 2019

For audiometric testing

3 PTS 18.13.01 Health Assessment for Fitness to Work (FTW)

For job specific health assessment

Important Note:

Incompliance to these requirements may exposed the Company at **risk of legal action or high findings / non-conformance (NCR)** issuance during internal or external audit.

FTW Health Assessment & Test Matrix

ASSESSMENT & TEST	Working at Height	Confine Space	Crane & Forklift	Driver	Food Handler	Contractor Plant & Field	Contractor Non-Plant & Non-Field
APPLICABILITY	E & C	E & C	E & C	E & C	E & C	C	C
FREQUENCY	Biennial	Biennial	Biennial	Biennial	Biennial	Biennial	Biennial
Q & E	✓	✓	✓	✓	✓	✓	✓
Eye Assessment	✓	✓	✓	✓	✓	✓	✓
Blood Group	-	-	-	-	-	-	-
FBS	✓	✓	✓	✓	-	✓	-
HbA1c (known DM)	-	-	-	-	-	✓	-
FBC	✓	✓	✓	✓	-	✓	✓
Serum Electrolytes	-	-	-	-	-	-	-
Urea + Creatinine	-	-	-	-	-	-	-
Urine FEME	✓	✓	✓	-	-	✓	✓
Liver Function Test	-	-	-	-	-	-	-
Chest X-Ray	##	##	##	##	-	##	-
Spirometry	✓	✓	-	-	-	-	-
Audiometry	✓	✓	✓	✓	-	-	-
ECG (≥40 yrs)	✓	✓	✓	✓	-	✓	✓
Urine Drug	✓	✓	✓	✓	-	✓	-
CV-RA (≥40 yrs)	✓	✓	✓	✓	-	✓	-
ESS assessment	-	-	✓	✓	-	-	-
Dental Assessment	-	-	-	-	-	-	-

Abbreviation: E = Employee C = Contractor Worker Q & E = Questionnaire & Examination CV-RA = Cardiovascular Risk Assessment ESS = Epworth Sleepiness Scale Biennial = Once every two years

- (-) Not recommended / Not applicable. Nevertheless, assessment or test may be done if clinical indication arise.
- (#) Blood Group to be done if unknown.
- (##) Chest X-Ray to be done if clinically indicated.

Type of tests applicable to Contractors

Summary of Medical Checkup Tests

Basic medical checkup	<ul style="list-style-type: none">• Question & Examination• Eye assessment• Fasting Blood Sugar (FBS)• HbA1c (for known Diabetes Mellitus)• Full Blood Count (FBC)• Urine Full & Microscopic Examination (FEME)• Urine drug test
Additional test required for 40 years and above	<ul style="list-style-type: none">• Electrocardiogram (ECG)• Cardiovascular Risk Assessment (CV-RA)
Additional test required for job specific medical checkup	<ul style="list-style-type: none">• Epworth Sleepiness Scale (ESS) Assessment (Required for driver / crane operator / forklift driver)• Audiometry (Required for confined space / driver / crane operator/forklift driver/working at height)• Spirometry (Required for confined space / working at height)

Checklist Prior Medical Report Submission (1)

DON'Ts 

DO's 

Neglect to verify and align the Medical Approved Date

Medical Approved Date is updated as per medical report.

Review & Validate

Contractor Validation

(Approved)

NORSHAKIRA BINTI MO YUSOF

15-Dec-2022 10:55:14 AM

(Approved)

SITI FATIMAH BINTI MAT SHAFEE

13-Aug-2024 10:14:34 AM

Competency Review

(Approved)

Rhofeq Herwanif Erisman

19-Dec-2022 11:48:03 AM

Medical Review

(Approved)

Siti Nurulbahir Umar

15-Dec-2022 2:10:31 PM

Security Review

(Approved)

Mohd Zaini Masran

19-Dec-2022 9:52:21 AM

HSSE Review

MEDICAL CHECK UP TYPE

MEDICAL APPROVED DATE

CLINIC/HOSPITAL

CLINIC CONTACT NUMBER

BLOOD TYPE

VALIDITY DATE

ACTION

Plant and Field Based	08-10-2024	POLIKLINIK MEDIC DR RAM	07253302	AB+	07-10-2026	
-----------------------	------------	-------------------------	----------	-----	------------	--

Please select to upload MEDEX or Medical Examination form

MEDEX

Medical Examination Form

MEDEX

MEDICAL REPORT

Select file

Download Blank Form

ATTACHMENT

Other Attachment

File: Audiometric Test / Drug Test


This is to certify that I have examined the above named person and found him/her to be (please tick one):


Fit to work ☒

Fit to work with restriction ☐

Unfit to work ☐

Remarks/Restriction:

CHD Signature: 

CHD Name: 

Date: 26 NOV 2024

Valid Until: 26 NOV 2025

CHD Stamp

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For

Integ CTCIHC-GP/2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity

(658) Days

Security Information

QOSP Validity

(1037) Days

E-Visiting Validity

(1059) Days

Other Information

MEDICAL CHECKUP

Medical Check Up Type *

Select medical...

Clinic/Hospital *

Name:

Application Status: Pending Review

ICNo:

Email:

Last Update: 09 January 2025

Clinic Contact Number *

Blood Type *

Select blood type...

Medical Approved Date *

Please select option for validity date:

☐ 24 months

☐ 12 months

☐ 6 months

☐ Others

Validity Date *

2026-11-25T00:00:00

MEDICAL CHECKUP TYPE

MEDICAL APPROVED DATE

CLINIC/HOSPITAL

CLINIC CONTACT NUMBER

BLOOD TYPE

VALIDITY DATE

ACTION

Plant and Field Based	25-11-2024	KLINIK ASIA MASAI	072510008	O-	25-11-2026	
-----------------------	------------	-------------------	-----------	----	------------	--

Please select to upload MEDEX or Medical Examination form

MEDEX

Medical Examination Form

MEDEX

Medical Checkup Complete.pdf

Select file

Download Blank Form

ATTACHMENT

Other Attachment

File: Audiometric Test / Drug Test


This is to certify that I have examined the above named person and found him/her to be (please tick one):


Fit to work ☒

Fit to work with restriction ☐

Unfit to work ☐

Remarks/Restriction:

CHD Signature: 

CHD Name: 

Date: 26 NOV 2024

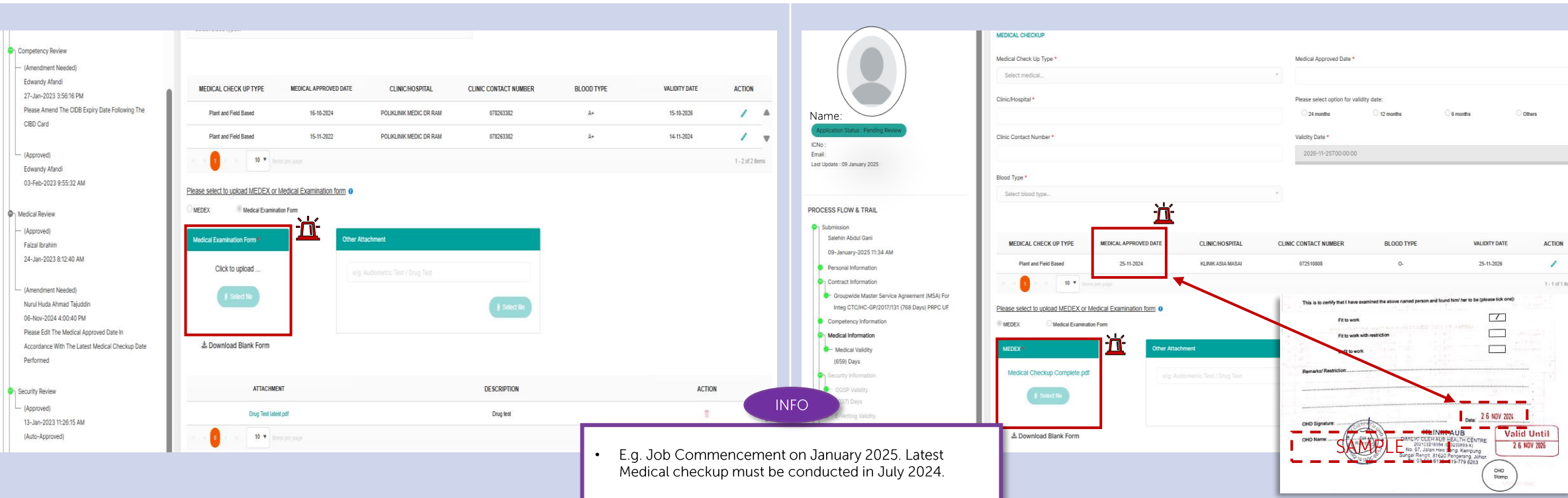
Valid Until: 26 NOV 2025

CHD Stamp

DON'Ts

DO's ✓

Ensure the medical report is correct, completed, updated, and still valid. The health assessment must be conducted within 6 months prior to job commencement.



Competency Review

(Amendment Needed)

Edwandy Afandi

27-Jan-2023 3:56:16 PM

Please Amend The CIDB Expiry Date Following The CIDB Card

(Approved)

Edwandy Afandi

03-Feb-2023 9:55:32 AM

Medical Review

(Approved)

Faizal Ibrahim

24-Jan-2023 8:12:40 AM

(Amendment Needed)

Nurul Huda Ahmad Tajuddin

06-Nov-2024 4:00:40 PM

Please Edit The Medical Approved Date In Accordance With The Latest Medical Checkup Date Performed

Security Review

(Approved)

13-Jan-2023 11:26:15 AM

(Auto-Approved)

MEDICAL CHECKUP

Medical Check Up Type *

Select medical...

Clinic/Hospital *

Clinic Contact Number *

Blood Type *

Select blood type...

Medical Approved Date *

Please select option for validity date:

24 months 12 months 6 months Others

Validity Date *

2026-11-25T00:00:00

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

PROCESS FLOW & TRAIL

Submission

Salehin Abdul Gani

09-January-2025 11:34 AM

Personal Information

Contract Information

Groupwide Master Service Agreement (MSA) For Integ CTCIHC-GP(2017/131 (768 Days) PRPC UF

Competency Information

Medical Information

Medical Validity (659) Days

Security Information

CGSP Validity (37) Days

Waiting Validity

MEDICAL CHECKUP COMPLETE

Click to upload ...

Select file

Download Blank Form

Other Attachment

Attachment

Description

Action

Drug Test latest.pdf

Drug test

INFO

E.g. Job Commencement on January 2025. Latest Medical checkup must be conducted in July 2024.

Medical Examination Form

Click to upload ...

Select file

Download Blank Form

Checklist Prior Medical Report Submission (3)

DON'Ts ❌

Assume the due date without verifying the approved date or OHD's endorsement.

MEDEX 002 - FITNESS TO WORK CERTIFICATE

Type of Health Assessment:
Pre-employment ☒ Pre-placement ☐ Overseas Posting ☐
Routine ☐ Job-specific ☐ Others ☐

Employee's name: KARIMIE SYAFIEE BIN NORIS (M45) (NRIC/Passport No. 020123-11-0549)

His is to certify that I have examined the above named person and found him/her to be (please tick one):
Fit to work ☒
Fit to work with restriction ☐
Unfit to work ☐

Remarks/Restriction:

AME Signature: [Signature] Date: 06 JUL 2023 AME Stamp: [Stamp]
APPROVED MEDICAL EXAMINER (TIG 014/19)

APPROVED DATE	CLINIC/HOSPITAL	CLINIC CONTACT NUMBER	BLOOD TYPE	VALIDITY DATE	ACTION
05-07-2023	KLINIK ALAMANDA KERTEH, KEMAMAN, TERENGGANU	090289505	O+	05-07-2024	

Other Attachment: [Attachment]

DO's ✅

Select the correct due date which is 2 years from the approved date or as indicated by Occupational Health Doctor (OHD) i.e. 6 months/ 1 year.

MEDICAL INFORMATION

Medical Check Up Type: [Select medical...]
Medical Approved Date: [Select medical...]
Clinic/Hospital: [Select medical...]
Clinic Contact Number: [Select medical...]
Blood Type: [Select blood type...]

Name: [Name]
ICNo: [ICNo]
Email: [Email]
Last Update: 16 October 2022

PROCESS FLOW & TRAIL

- Submission: ahmad hafiz izzat zulkifli, 16-October-2022 9:35 PM
- Personal Information: (Update Personal Information) Ahmad Hafiz Izzat Zulkifli, 11-Jul-2024 11:15:51 AM
- Contract Information: EPCC OF TITANIUM NBL OUTSIDE BATTERY LIMIT(N-OSBL) N-OSBL PROJECT -DH2201 (3 Days) PBPC UP
- Competency Information
- Medical Validity: (685) Days
- Security Information

MEDICAL CHECK UP TYPE	MEDICAL APPROVED DATE	CLINIC/HOSPITAL	CLINIC CONTACT NUMBER	BLOOD TYPE	VALIDITY DATE	ACTION
Plant and Field Based	25-11-2024	KLINIK PENGARANG GATEWAY HEALTHCARE	0193987032	O+	25-11-2026	

Please select to upload MEDEX or Medical Examination form:
MEDEX ☒ Medical Examination Form ☐

MEDEX: HAFIZ - MEDICAL 26.11.24.pdf

Other Attachment: [Attachment]

This is to certify that I have examined the above named person and found him/her to be (please tick one):
Fit to work ☒
Fit to work with restriction ☐
Unfit to work ☐

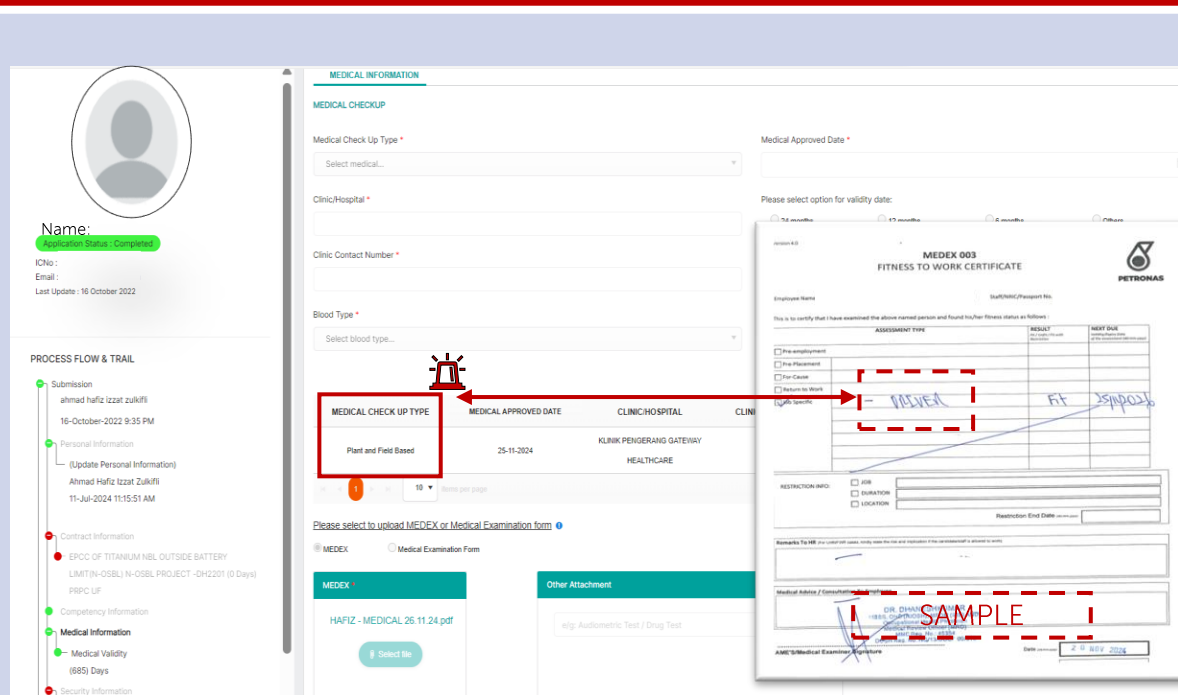
Remarks/Restriction:

OHD Signature: [Signature] Date: 26 NOV 2024
OHD Name: [Name]
Valid Until: 26 NOV 2026
OHD Stamp: [Stamp]

Checklist Prior Medical Report Submission (4)

DON'Ts 

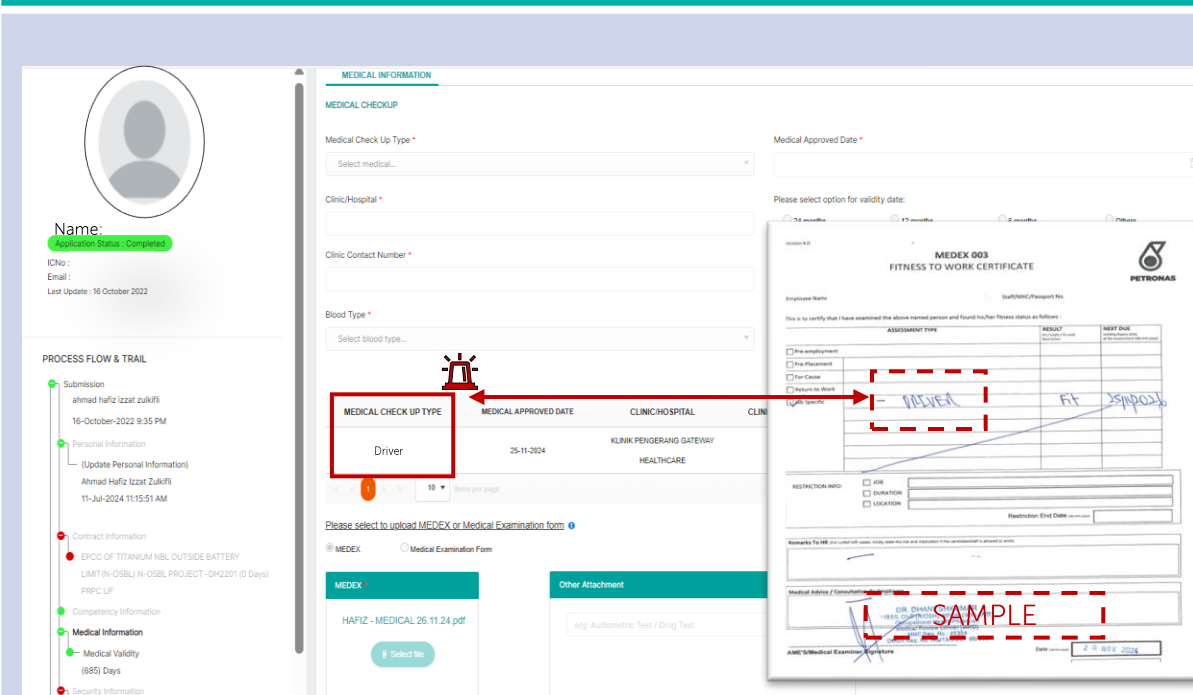
Choose a Medical Type without ensuring it aligns with the job requirements and scope of work.



The screenshot shows the 'MEDICAL INFORMATION' section of the Petronas Medical Information form. The 'Medical Check Up Type' dropdown is set to 'Plant and Field Based'. A red box highlights this selection, and a red arrow points to it from a bell icon. The 'Medical Approved Date' is 25-11-2024, and the 'Clinic/Hospital' is KLINIK PENGERANG GATEWAY HEALTHCARE. The 'Blood Type' is not selected. The 'MEDEX 003 FITNESS TO WORK CERTIFICATE' is displayed, showing a 'FIT' result. A red dashed box labeled 'SAMPLE' is overlaid on the certificate. The 'PROCESS FLOW & TRAIL' on the left shows the submission status as 'Completed'.

DO's 

Select the correct Medical Type based on the medical report i.e. Plant and Field Based/ Confined Space/ Driver/ Crane & Forklift Operator.



The screenshot shows the 'MEDICAL INFORMATION' section of the Petronas Medical Information form. The 'Medical Check Up Type' dropdown is set to 'Driver'. A red box highlights this selection, and a red arrow points to it from a bell icon. The 'Medical Approved Date' is 25-11-2024, and the 'Clinic/Hospital' is KLINIK PENGERANG GATEWAY HEALTHCARE. The 'Blood Type' is not selected. The 'MEDEX 003 FITNESS TO WORK CERTIFICATE' is displayed, showing a 'FIT' result. A red dashed box labeled 'SAMPLE' is overlaid on the certificate. The 'PROCESS FLOW & TRAIL' on the left shows the submission status as 'Completed'.

Checklist Prior Medical Report Submission (5)

DON'Ts 

Accept a medical report without the signature of the OHD or PETRONAS Approved Medical Examiner (AME).

DO's 

Medical report is signed by OHD / PETRONAS Approved Medical Examiner (AME).

MEDEX 003
FITNESS TO WORK CERTIFICATE

Employee Name: _____ Staff/NRIC/Passport No. _____

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

ASSESSMENT TYPE	RESULT (Fit / Unfit / Fit with Restriction)	NEXT DUE (Validity/Expiry Date of the assessment (dd.mm.yyyy))
<input type="checkbox"/> Pre-employment		
<input checked="" type="checkbox"/> Pre-Placement Type: Domestic	Fit	N/A
<input type="checkbox"/> For-Cause		
<input type="checkbox"/> Return to Work		
<input checked="" type="checkbox"/> Job Specific		
Type 1. Confined Space Worker	Fit	05.01.2027
Type 2. Breathing Apparatus User	Fit	05.01.2027

RESTRICTION INFO: ☐ JOB _____
☐ DURATION _____
☐ LOCATION _____
Restriction End Date (dd.mm.yyyy) _____

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

Medical Advice / Consultation To Employee

AME's/Medical Examiner Name : DR SURAYA BINTI SHAFIE
Clinic Name : KLINIK IBRA

Date (dd.mm.yyyy) 06.01.2025

PETRONAS APPROVED MEDICAL EX (TG 003)
DR SURAYA BINTI SHAFIE
AME's Stamp

MEDEX 003
FITNESS TO WORK CERTIFICATE

Employee Name: _____ Staff/NRIC/Passport No. _____

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

ASSESSMENT TYPE	RESULT (Fit / Unfit / Fit with Restriction)	NEXT DUE (Validity/Expiry Date of the assessment (dd.mm.yyyy))
<input type="checkbox"/> Pre-employment		
<input checked="" type="checkbox"/> Pre-Placement Type: Domestic	Fit	N/A
<input type="checkbox"/> For-Cause		
<input type="checkbox"/> Return to Work		
<input checked="" type="checkbox"/> Job Specific		
Type 1. Confined Space Worker	Fit	05.01.2027
Type 2. Breathing Apparatus User	Fit	05.01.2027

RESTRICTION INFO: ☐ JOB _____
☐ DURATION _____
☐ LOCATION _____
Restriction End Date (dd.mm.yyyy) _____

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

Medical Advice / Consultation To Employee

AME's/Medical Examiner Signature: 
AME's/Medical Examiner Name : DR SURAYA BINTI SHAFIE
Clinic Name : KLINIK IBRA

Date (dd.mm.yyyy) 06.01.2025

PETRONAS APPROVED MEDICAL EX (TG 003)
DR SURAYA BINTI SHAFIE
AME's Stamp

Checklist Prior Medical Report Submission (7)

DON'Ts 

DO's 

Use the Fitness to Work Certificate without OHD / AME re-endorsement when additional test reports have been added.

Please ensure Fitness to Work Certificate is re-endorsed by OHD / AME based on latest test date if any additional test report is added to the existing medical report.

MEDEX 003
FITNESS TO WORK CERTIFICATE

Employee Name: _____ Staff/NRIC/Passport No.: _____

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

ASSESSMENT TYPE	RESULT (Fit / Unfit / Fit with Restriction)	NEXT DUE (Validity/Expiry Date of the assessment (dd-mm-yyyy))
<input type="checkbox"/> Pre-employment		
<input checked="" type="checkbox"/> Pre-Placement Type: Domestic	Fit	N/A
<input type="checkbox"/> For-Cause		
<input type="checkbox"/> Return to Work		
<input checked="" type="checkbox"/> Job Specific Type 1. Confined Space Worker	Fit	05.01.2027
<input checked="" type="checkbox"/> Job Specific Type 2. Breathing Apparatus User	Fit	05.01.2027
<input checked="" type="checkbox"/> Job Specific Type 3. Driver		

RESTRICTION INFO: ☐ JOB ☐ DURATION ☐ LOCATION

Restriction End Date (dd-mm-yyyy): _____

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

Medical Advice / Consultation To Employee

Dr. Suraya binti Shafie
MBBS (Australasia), CHD (NCDG1)
Occupational Health Physician
KLINIK IBRA (Tg 055)
No. 1, Jalan Pagar Utama, 20400 Kuala Terengganu, Terengganu
Tel: 09-6234528 | Email: suraya@ibra-energy.com.my

AME's Medical Examiner Signature: _____

AME's Medical Examiner Name: DR SURAYA BINTI SHAFIE
Clinic Name: KLINIK IBRA

Date (dd-mm-yyyy): 06.01.2025

PETRONAS APPROVED MEDICAL EX (Tg 055)
DR SURAYA BINTI SHAFIE
AME's Stamp

INFO

- Example: When a worker is also a Driver, they need to undergo Epworth Sleepiness Scale (ESS) assessment and Audiometry test. If these additional assessments were conducted on 07.01.2025, FTW certificate shall be re-endorsed based on these new date.

MEDEX 003
FITNESS TO WORK CERTIFICATE

Employee Name: _____ Staff/NRIC/Passport No.: _____

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

ASSESSMENT TYPE	RESULT (Fit / Unfit / Fit with Restriction)	NEXT DUE (Validity/Expiry Date of the assessment (dd-mm-yyyy))
<input type="checkbox"/> Pre-employment		
<input checked="" type="checkbox"/> Pre-Placement Type: Domestic	FIT	N/A
<input type="checkbox"/> For-Cause		
<input type="checkbox"/> Return to Work		
<input checked="" type="checkbox"/> Job Specific Type 1. Confined Space Worker	FIT	05.01.2027
<input checked="" type="checkbox"/> Job Specific Type 2. Breathing Apparatus User	FIT	05.01.2027
<input checked="" type="checkbox"/> Job Specific Type 3. Driver	FIT	06.01.2027

RESTRICTION INFO: ☐ JOB ☐ DURATION ☐ LOCATION

Restriction End Date (dd-mm-yyyy): _____

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

Medical Advice / Consultation To Employee

Dr. Suraya binti Shafie
MBBS (Australasia), CHD (NCDG1)
Occupational Health Physician
KLINIK IBRA (Tg 055)
No. 1, Jalan Pagar Utama, 20400 Kuala Terengganu, Terengganu
Tel: 09-6234528 | Email: suraya@ibra-energy.com.my

AME's Medical Examiner Signature: _____

AME's Medical Examiner Name: DR SURAYA BINTI SHAFIE
Clinic Name: KLINIK IBRA

Date (dd-mm-yyyy): 06-01-2025 07.01.2025

PETRONAS APPROVED MEDICAL EX (Tg 055)
DR SURAYA BINTI SHAFIE
AME's Stamp

Checklist Prior Medical Report Submission (8)

DON'Ts 

Ignore the medical reviewer's comments or submit the application without making the necessary amendments.

DO's 

If the application is reverted, please amend accordingly as per medical reviewer's comment.

Medical Review
(Amendment Needed)
Nurul Huda Ahmad Tajuddin
07-Nov-2024 5:47:46 PM
Please Provide FBS(HbA1c And FBC Report And Ensure The Fitness To Work Certificate Is Re-Endorsed By OHD.

(Amendment Needed)
Nurul Huda Ahmad Tajuddin
22-Nov-2024 12:12:39 PM
Please Provide FBS(HbA1c And FBC Report And Ensure The Fitness To Work Certificate Is Re-Endorsed By OHD.

(Amendment Needed)
Nurul Huda Ahmad Tajuddin
17-Dec-2024 4:42:48 PM
Please Ensure The Fitness To Work Certificate Is Re-Endorsed By OHD Based On New FBS And HbA1c Test Performed.

(Amendment Needed)
Nurul Huda Ahmad Tajuddin
27-Dec-2024 5:58:28 PM
Please Get OHD To Re-Endorse The Fitness To Work Certificate (Fit/Unfit) Based On The New FBS And HbA1c Test Performed (11 Nov 2024).

(Amendment Needed)
Nurul Huda Ahmad Tajuddin
10-Jan-2025 11:10:39 PM
Please Edit The Medical Approved Date In Accordance With The Latest Medical Checkup Date Performed



Clinic Contact Number *

Validity Date *

Blood Type *

MEDICAL CHECK UP TYPE

MEDICAL APPROVED DATE

CLINIC/HOSPITAL

CLINIC CONTACT NUMBER

BLOOD TYPE

VALIDITY DATE

ACTION

Plant and Field Based

26-09-2024

Klinik AUB

070246130

O+

26-09-2025

1 - 1 of 1 Items

Please select to upload MEDEX or Medical Examination form

MEDEX

Medical Examination Form

MEDEX

Other Attachment

Download Blank Form

ATTACHMENT

DESCRIPTION

No records available.

No items to display

REMINDER

- Please check prior submission.
- A warning will be issued if the requirement is not met repeatedly.

Competency Review
(Approved)
Surinderjit Kaur Baldev Singh
18-Feb-2025 9:57:53 AM

Medical Review
(Amendment Needed)
Nurul Huda Ahmad Tajuddin
21-Feb-2025 11:39:58 AM
1. For Working At Height, Please Provide Spirometry And Audiometry Test Result 2. Please Ensure The Fitness To Work Certificate Is Re-Endorsed By OHD According To The New Tests Performed

(Approved)
Nurul Huda Ahmad Tajuddin
09-Mar-2025 11:38:37 AM

Security Review
(Approved)
Munirah Tajuddin
17-Feb-2025 3:34:09 PM

HSSE Review
(Approved)
09-Mar-2025 11:38:37 AM
(Auto-Approved)



MEDICAL CHECK UP TYPE

MEDICAL APPROVED DATE

CLINIC/HOSPITAL

CLINIC CONTACT NUMBER

BLOOD TYPE

VALIDITY DATE

ACTION

Plant and Field Based

01-02-2025

KLINIK BESTARI SDN BHD

090276688

Others

31-01-2027

1 - 1 of 1 Items

Please select to upload MEDEX or Medical Examination form

MEDEX

Medical Examination Form

MEDICAL AMALLUDDIN.pdf

Other Attachment

Download Blank Form

ATTACHMENT

DESCRIPTION

ACTION

No records available.

No items to display



PETRONAS

50
YEARS