XPRESS Medical Review

Guiding Principle for Contractors

Version 3

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.

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**

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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.*

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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-Xray to be done if clinically indicated.

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Type of tests applicable to Contractors

Summary of Medical Checkup Tests

Basic medical checkup	• 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	• Electrocardiogram (ECG) • Cardiovascular Risk Assessment (CV-RA)
Additional test required for job specific medical checkup	• **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)

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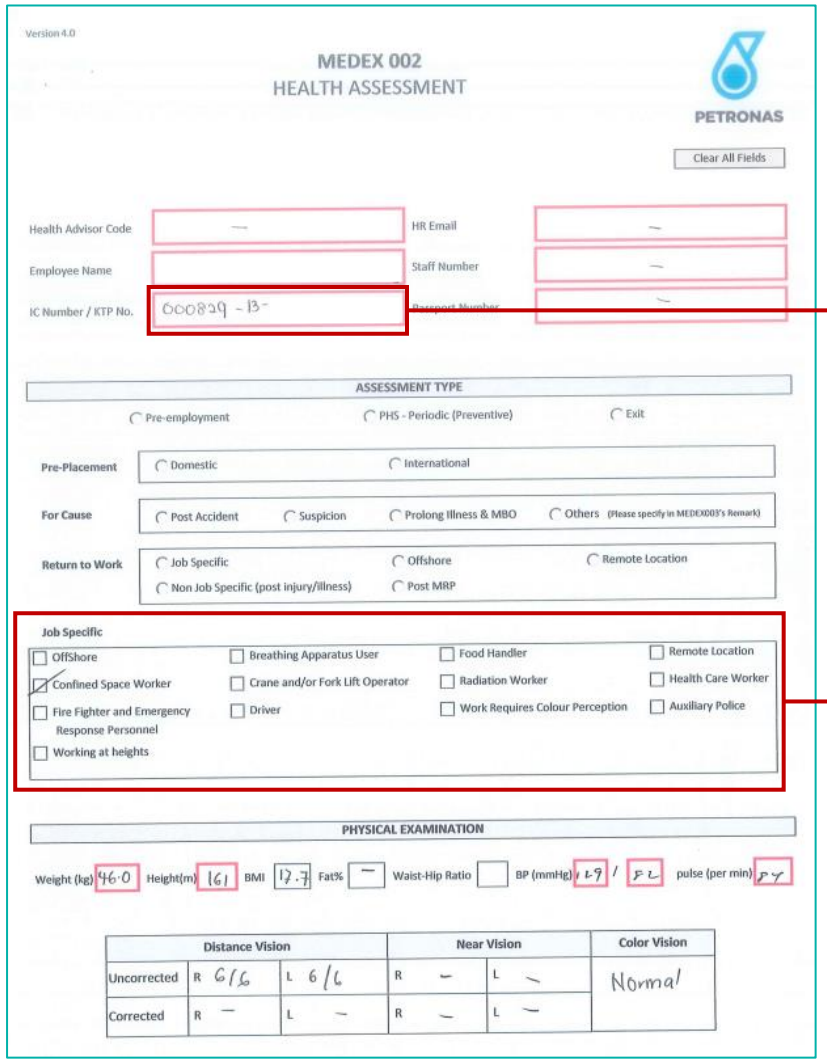
How To Review Medical Report Prior submission in EXPRESS?

How to Review Medical Report? (1/8)



Version 4.0

MEDEX 002
HEALTH ASSESSMENT

PETRONAS

Clear All Fields

Health Advisor Code —
HR Email —
Employee Name
Staff Number —
IC Number / KTP No. 000829 - 13 -
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

- [ ] OffShore
- [ ] Breathing Apparatus User
- [ ] Food Handler
- [ ] Remote Location
- [x] Confined Space Worker
- [ ] Crane and/or Fork Lift Operator
- [ ] Radiation Worker
- [ ] Health Care Worker
- [ ] Fire Fighter and Emergency Response Personnel
- [ ] Driver
- [ ] Work Requires Colour Perception
- [ ] Auxiliary Police
- [ ] Working at heights

PHYSICAL EXAMINATION

Weight (kg) 46.0 | Height(m) 161 | BMI 17.7 | Fat% — | Waist-Hip Ratio | BP (mmHg) 109 / 72 | pulse (per min) 84

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

1

Check the age:

- If >40 years old, require additional test which are CV-RA & ECG test.
- If <40 years old, no additional test.

2

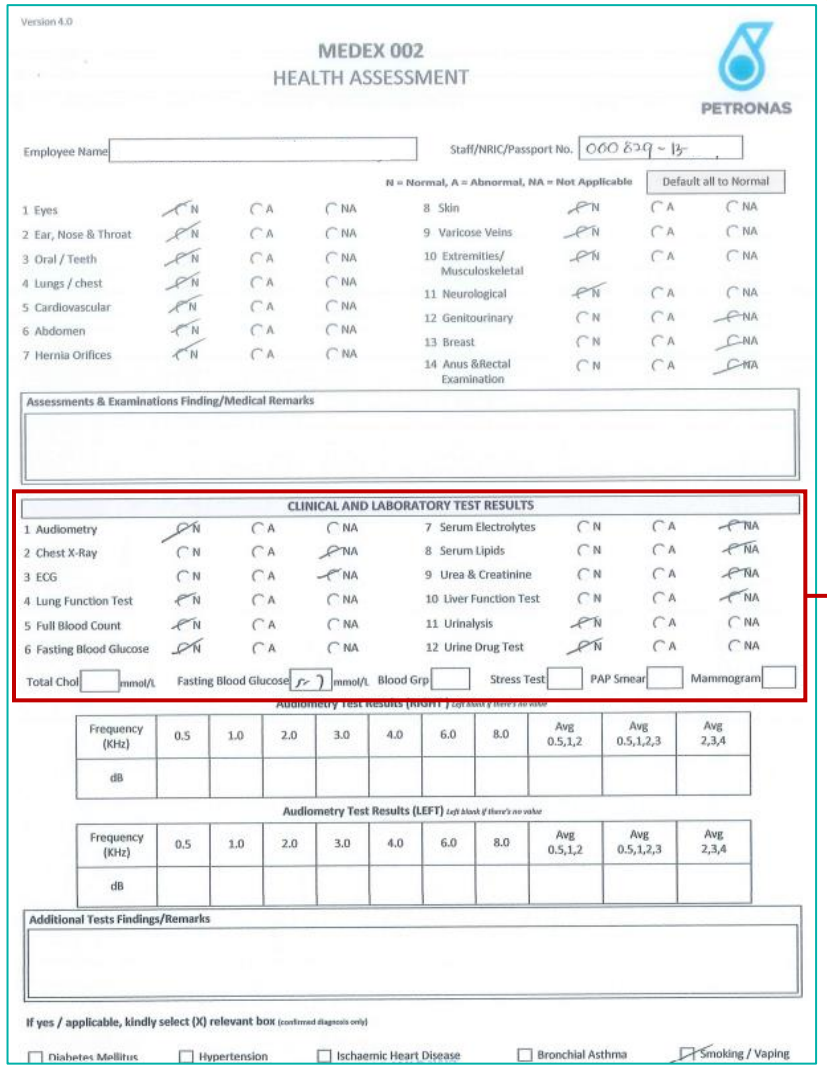
Job specific assessment:

- Check for:
  - Confined space worker
  - Working at heights
  - Crane and/or Forklift Operator
  - Driver

Reminder:

- If AME does not ☑ the box, refer the attachment of result.

How to Review Medical Report? (2/8)



Version 4.0

MEDEX 002
HEALTH ASSESSMENT

PETRONAS

Employee Name: _____ Staff/NRIC/Passport No. 060 820 - 13

N = Normal, A = Abnormal, NA = Not Applicable — Default all to Normal

1 Eyes	N	A	NA	8 Skin	N	A	NA
2 Ear, Nose & Throat	N	A	NA	9 Varicose Veins	N	A	NA
3 Oral / Teeth	N	A	NA	10 Extremities/ Musculoskeletal	N	A	NA
4 Lungs / chest	N	A	NA	11 Neurological	N	A	NA
5 Cardiovascular	N	A	NA	12 Genitourinary	N	A	NA
6 Abdomen	N	A	NA	13 Breast	N	A	NA
7 Hernia Orifices	N	A	NA	14 Anus &Rectal Examination	N	A	NA

Assessments & Examinations Finding/Medical Remarks

CLINICAL AND LABORATORY TEST RESULTS

1 Audiometry	N	A	NA	7 Serum Electrolytes	N	A	NA
2 Chest X-Ray	N	A	NA	8 Serum Lipids	N	A	NA
3 ECG	N	A	NA	9 Urea & Creatinine	N	A	NA
4 Lung Function Test	N	A	NA	10 Liver Function Test	N	A	NA
5 Full Blood Count	N	A	NA	11 Urinalysis	N	A	NA
6 Fasting Blood Glucose	N	A	NA	12 Urine Drug Test	N	A	NA

Total Chol _____ mmol/L Fasting Blood Glucose 5.7 mmol/L Blood Grp _____ Stress Test _____ PAP Smear _____ Mammogram _____

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										

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										

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

3

Clinical & Laboratory Test Results

- **Ensure all tests and results are aligned with the Job Specific Assessment 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	-	-	-	-	-	-	-

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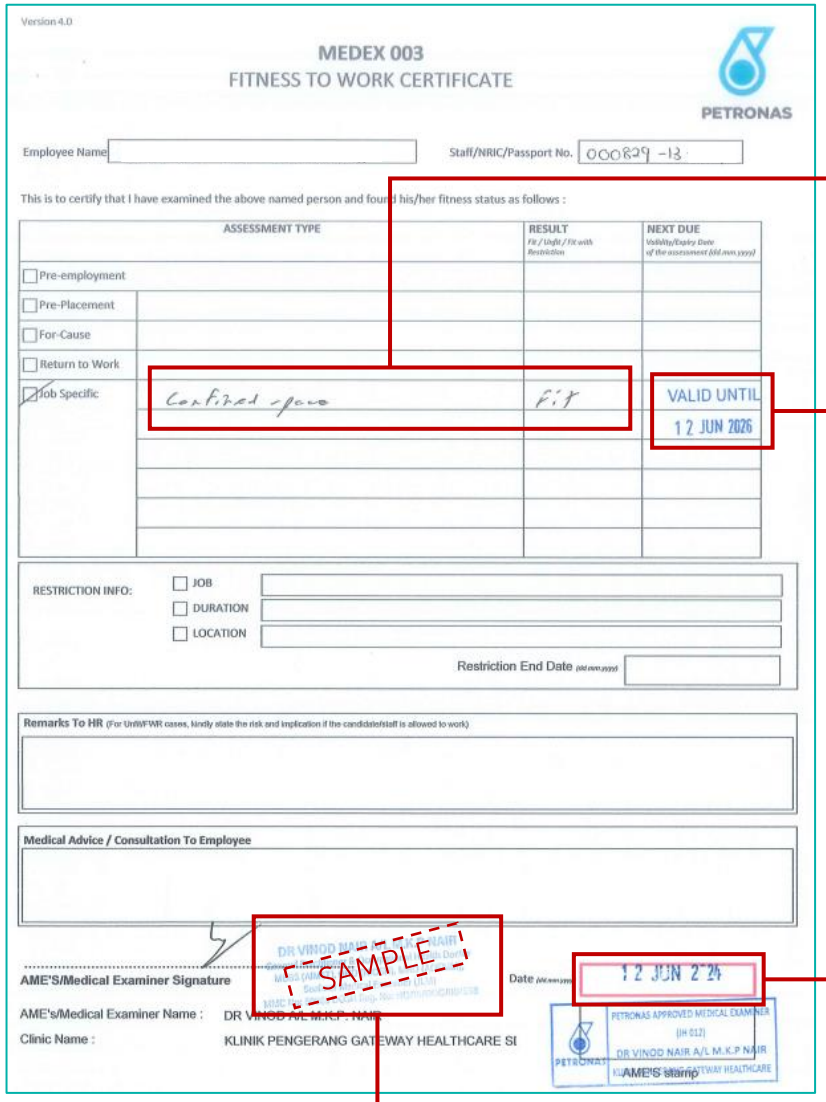
How to Review Medical Report? (3/8)


Version 4.0

MEDEX 003

FITNESS TO WORK CERTIFICATE

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Employee Name

Staff/NRIC/Passport No. 000829-13

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

ASSESSMENT TYPE	RESULT	NEXT DUE
☐ Pre-employment		
☐ Pre-Placement		
☐ For-Cause		
☐ Return to Work		
☑ Job Specific	Confined space — Fit	VALID UNTIL 12 JUN 2026

RESTRICTION INFO: ☐ JOB ☐ DURATION ☐ LOCATION

Restriction End Date

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

Medical Advice / Consultation To Employee

SAMPLE

AME'S/Medical Examiner Signature

Date 12 JUN 24

AME's/Medical Examiner Name : DR VINOD A/L M.K.P. NAIR

Clinic Name : KLINIK PENGERANG GATEWAY HEALTHCARE SI

PETRONAS APPROVED MEDICAL EXAMINER (IH 012) DR VINOD NAIR A/L M.K.P NAIR

AME'S stamp

4

Type of Assessment

- Ensure the type of assessment is aligned the with Job Specific assessment.

Result

- Must be Fit

5

Approved Date & Due Date

- Validity date as advised by DOSH registered Occupational Health Doctor (OHD).
- Approved and due date must align with the record in XPRESS.

6

Approved Medical Examiner (AME / OHD) Details

- Ensure report is endorsed by DOSH registered Occupational Health Doctor (OHD).

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How to Review Medical Report? (5/8)

Basic Test for Contractor Plant & Field

7

FULL BLOOD COUNT REPORT:

Mindray Bc 20s Hematology Analyzer

Hematology Analysis Report
First Name:
Last Name:
Patient ID:
Sample ID: 3
Mode: PD
Time of Analysis: 06-12-2024 09:01

Modules		Result	Unit
WBC		8.1	10^9/L
Lymph#		3.3	10^9/L
Mid#		0.6	10^9/L
Gran#		4.2	10^9/L
Lymph%	H	40.5	%
Mid%		7.0	%
Gran%		52.5	%
RBC		4.61	10^12/L
HGB		141	g/L
HCT	L	38.4	%
MCV		83.3	fL
MCH		30.7	pg
MCHC	H	368	g/L
RDW-CV		13.4	%
RDW-SD		38.7	fL
PLT		172	10^9/L
MPV		8.7	fL
PDW		16.9	
PCT		1.51	mL/L

FASTING BLOOD SUGAR RESULT:

RESULT	NORMAL RANGE
5.7 mmol/L	3.5-6.1 mmol/L

Example of Full Blood Count (FBC) and Full Blood Sugar (FBS) report

8

BOILERMASTER SDN BHD

E: 12-06-2024

MERS No. 0254
ID# 000829131329
2066-06-12 10:31 10ER 27°C

GLU	–	mg/dL
PRO	–	mg/dL
BIL	–	mg/dL
URO	NORMAL	mg/dL
PH	5.5	
S.G.	1.025	
BLD	–	mg/dL
KET	–	mg/dL
NIT	–	
LEU	–	Leu/uL

NAME :
NRIC/ PASSPORT :
AGE :
GENDER :

ANALYSIS RESULT:

Arkray ™ PocketChem UA Compact Urine Analyzer

TEST	RESULT	CUT OFF LEVEL
pH	5.5	5-9
Specific Gravity	1.025	1.004-1.030
Protein	NIL	
Glucose	NIL	500mg/ml
Blood	NIL	2000mg/ml
Leucocytes	NIL	300mg/ml

Example of Urine FEME report

9

URINE DRUG TEST RESULT:

TEST	RESULT	CUT OFF LEVEL
Tetrahydrocannabinol/Cannabis (THC)	NEGATIVE	50mg/ml
Amphetamine (AMP)	NEGATIVE	500mg/ml
Methylenedioxymethamphetamine (MDMA)	NEGATIVE	500mg/ml
Opiates (OPI)	NEGATIVE	2000mg/ml
Benzodiazepines (BZD)	NEGATIVE	300mg/ml
Cocaine (COC)	NEGATIVE	150mg/ml

Testing must be conducted for 6 types of drugs

Example of Urine drug report

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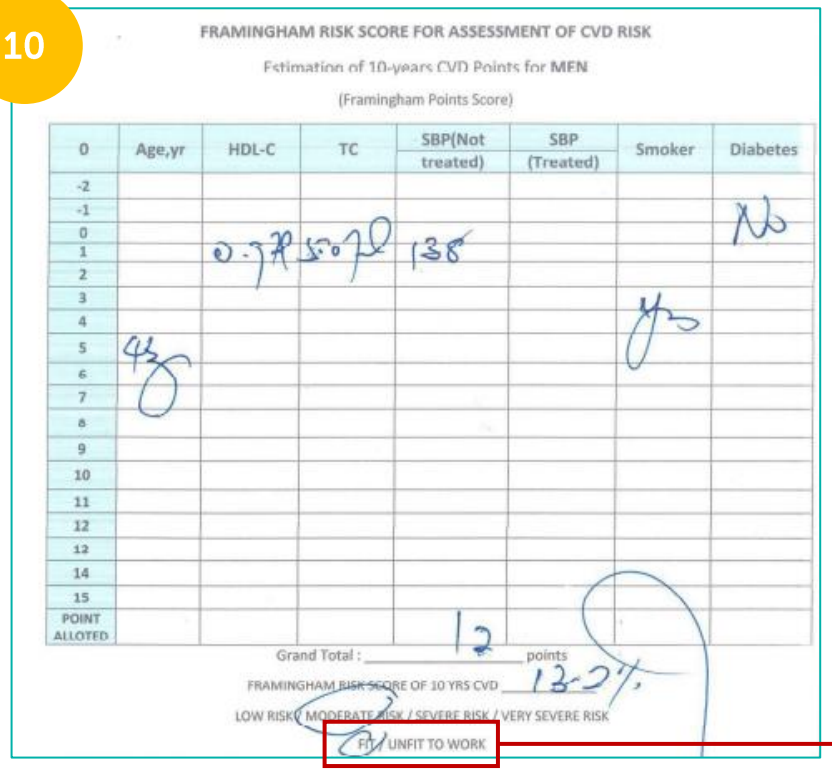
How to Review Medical Report? (6/8)

Additional Test for >40 years old

10



FRAMINGHAM RISK SCORE FOR ASSESSMENT OF CVD RISK

Estimation of 10-years CVD Points for MEN

(Framingham Points Score)

0	Age,yr	HDL-C	TC	SBP(Not treated)	SBP (Treated)	Smoker	Diabetes
-2							
-1							
0							No
1				138			
2							
3							
4						Yes	
5	43						
6							
7							
8							
9							
10							
11							
12							
12							
14							
15							
POINT ALLOTED							

Grand Total : 12 points

FRAMINGHAM RISK SCORE OF 10 YRS CVD 13.2%

LOW RISK / MODERATE RISK / SEVERE RISK / VERY SEVERE RISK

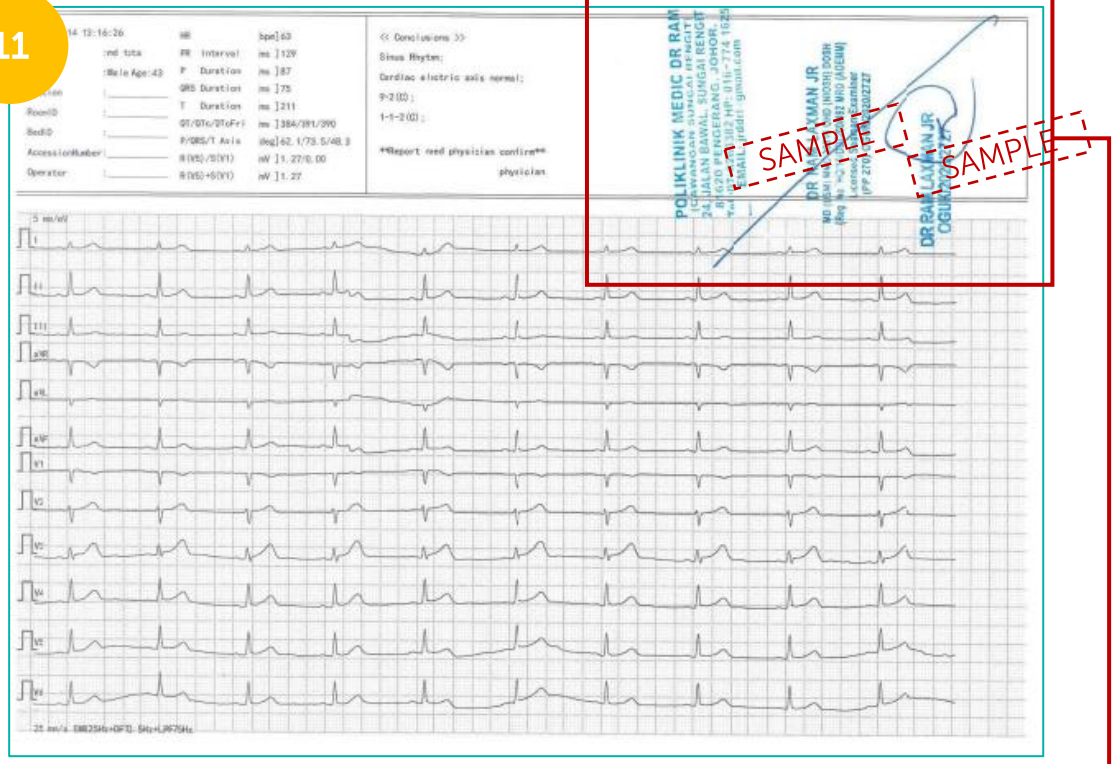
FIT / UNFIT TO WORK

Example of CV-RA report (Cardiovascular Risk Assessment)

Result

- Must be Fit

11



Example of ECG report (Electrocardiogram)

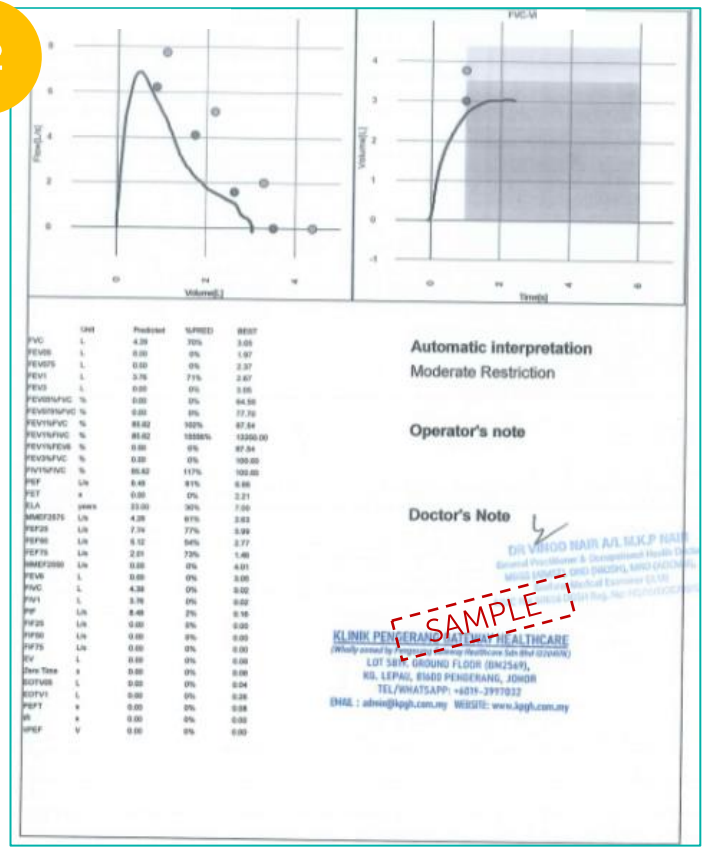
Approved Medical Examiner (AME) Details

- Ensure report is endorsed by DOSH registered Occupational Health Doctor (OHD).

How to Review Medical Report? (7/8)

Additional Test for WAH & CSE

12

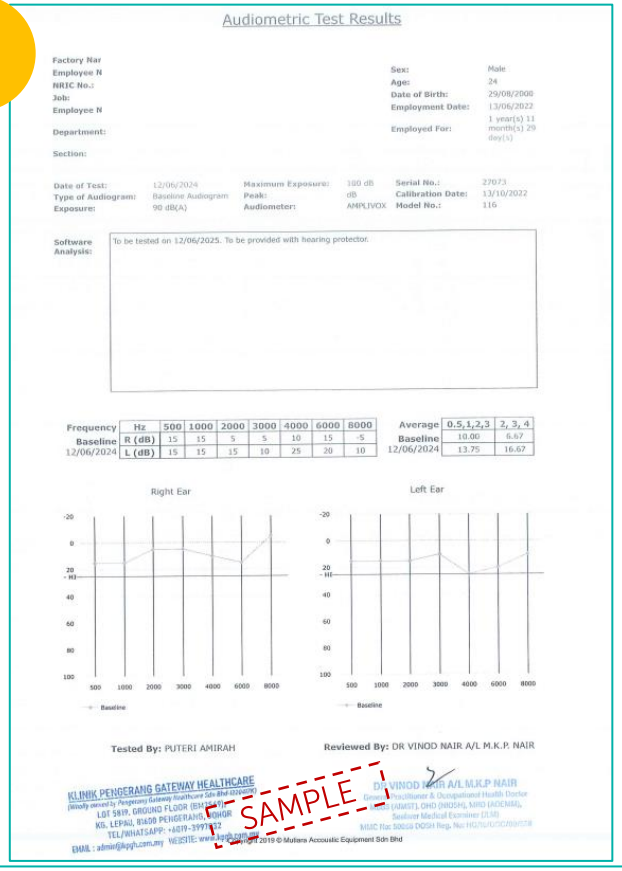


Example of Spirometry report

Result

- Must be Normal

13



Example of Audiometry report

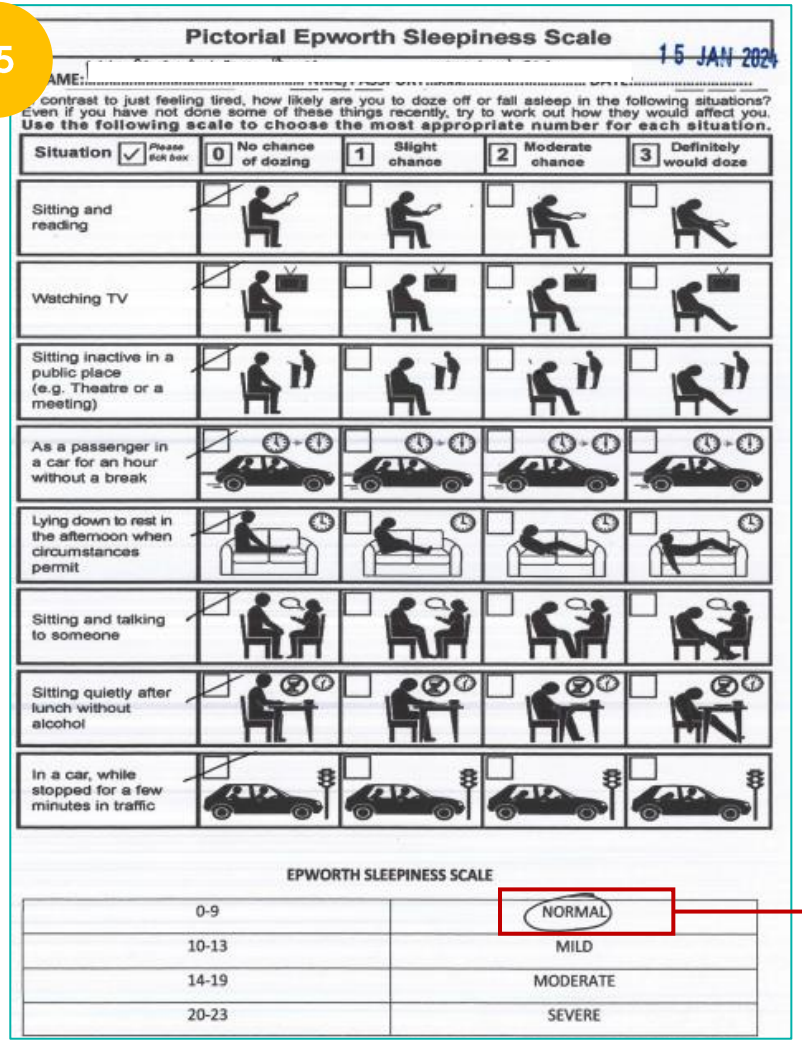
Result

- Must be Normal

How to Review Medical Report? (8/8)

Additional Test for Driver/Crane Operator / Forklift Driver

15



Pictorial Epworth Sleepiness Scale

15 JAN 2024

NAME:

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, try to work out how they would affect you. **Use the following scale to choose the most appropriate number for each situation.**

Situation (Please tick box)	0 No chance of dozing	1 Slight chance	2 Moderate chance	3 Definitely would doze
Sitting and reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (e.g. Theatre or a meeting)	☐	☐	☐	☐
As a passenger in a car for an hour without a break	☐	☐	☐	☐
Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Sitting quietly after lunch without alcohol	☐	☐	☐	☐
In a car, while stopped for a few minutes in traffic	☐	☐	☐	☐

EPWORTH SLEEPINESS SCALE

0-9	NORMAL
10-13	MILD
14-19	MODERATE
20-23	SEVERE

Example of Epworth Sleeping Scale (ESS) report Result

- Must be Normal

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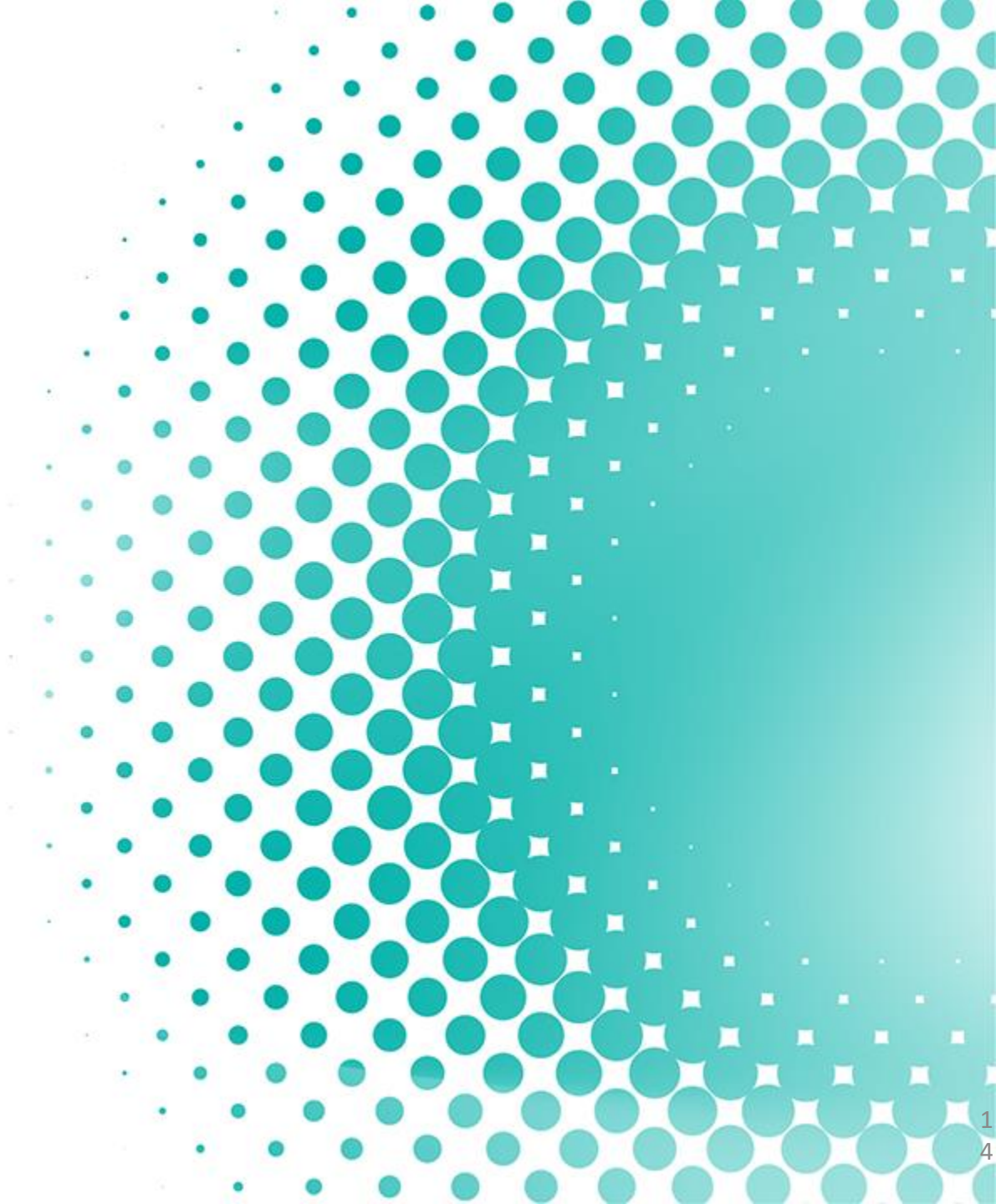
EXPRESS Medical Review Do’s & Don’ts

Common mistakes done by Contractors



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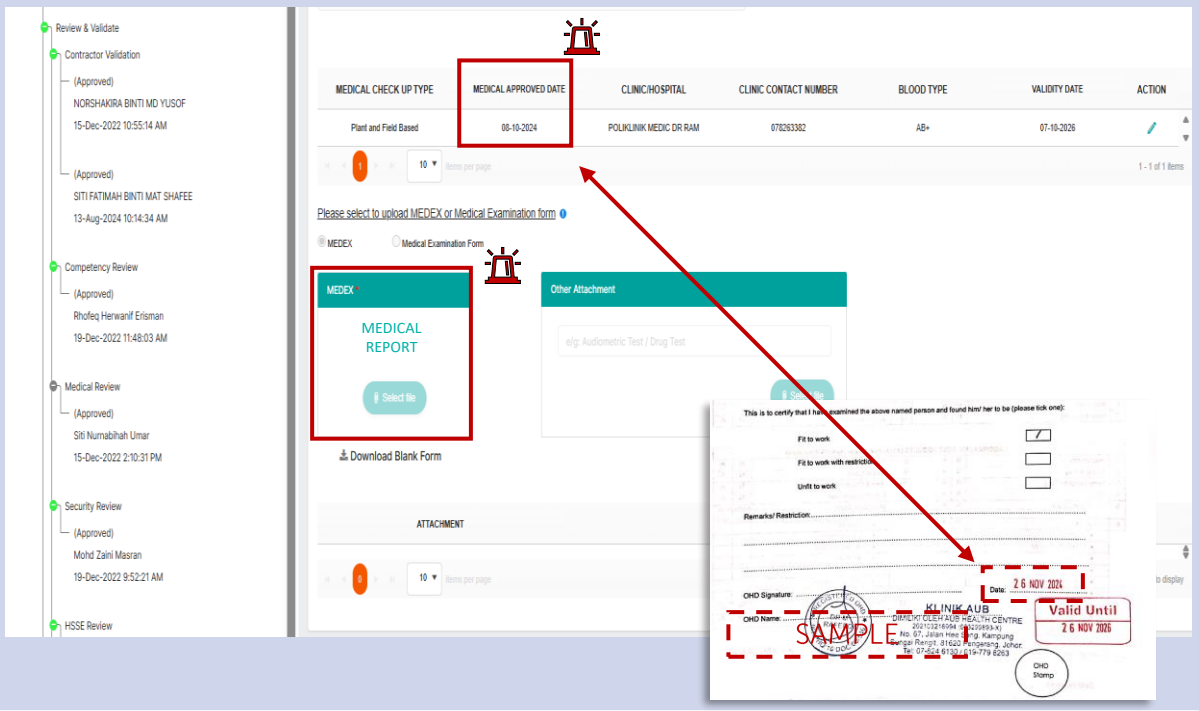
Checklist Prior Medical Report Submission (1/9)

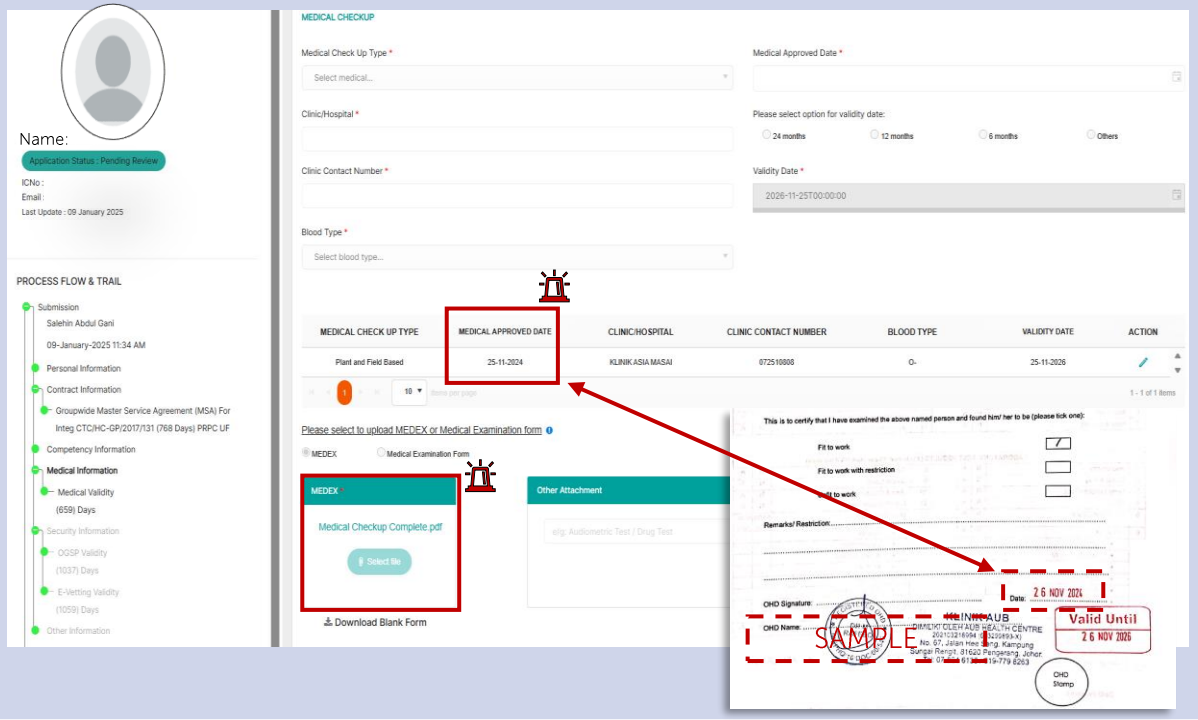
DON'Ts ✗

Neglect to verify and align the Medical Approved Date



DO's ✓

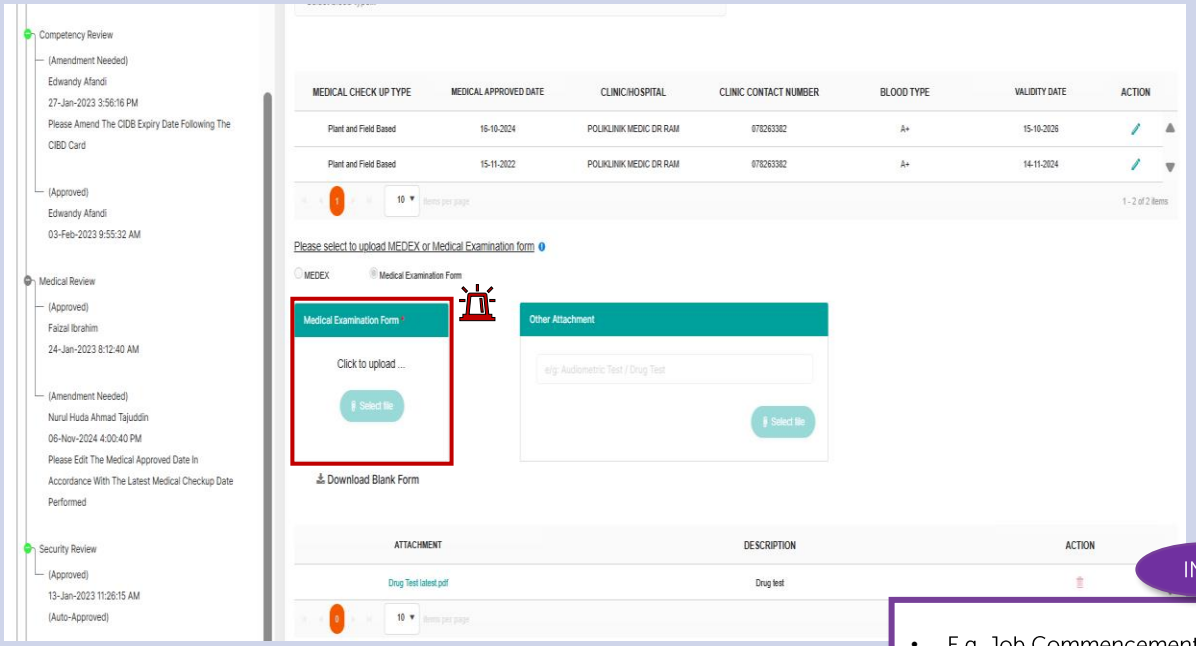
Medical Approved Date is updated as per medical report.



Checklist Prior Medical Report Submission (2/9)

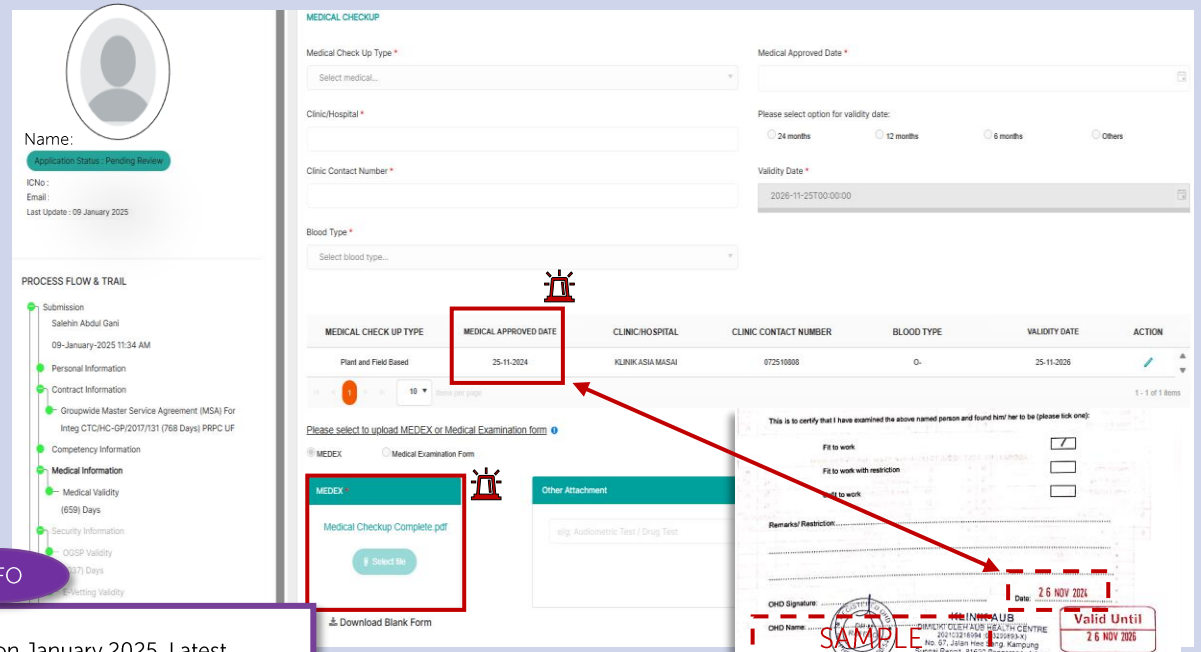
DON'Ts ✗

Upload incorrect, incomplete, outdated, or expired medical reports, or health assessments conducted beyond the six-month validity period.



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.



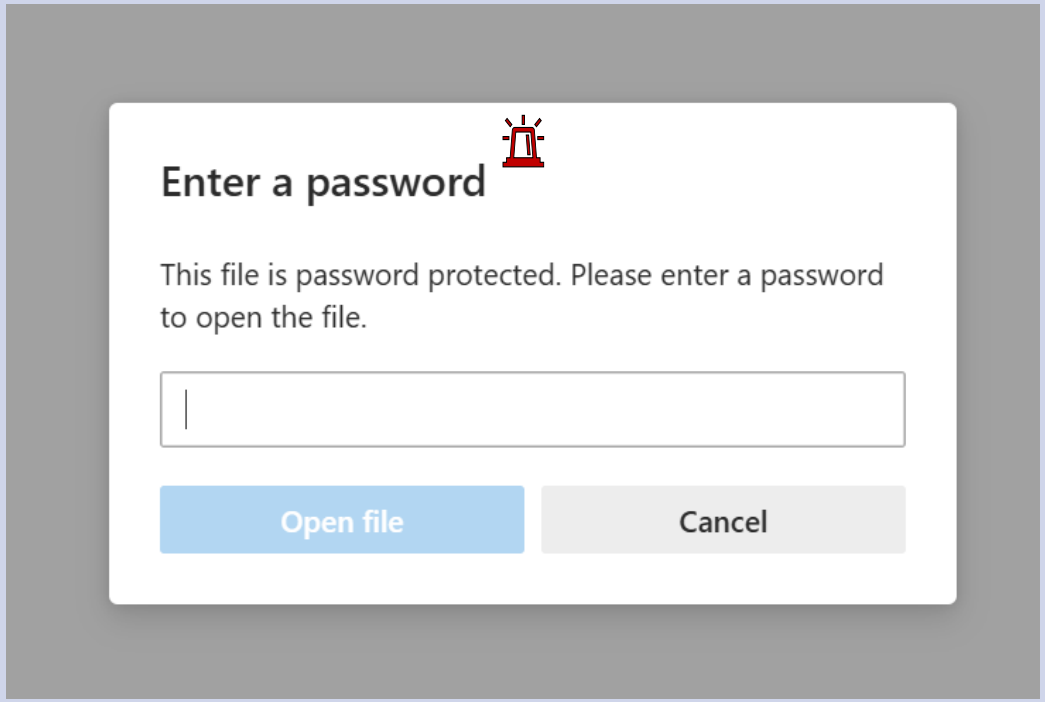
INFO

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

Checklist Prior Medical Report Submission (3/9)

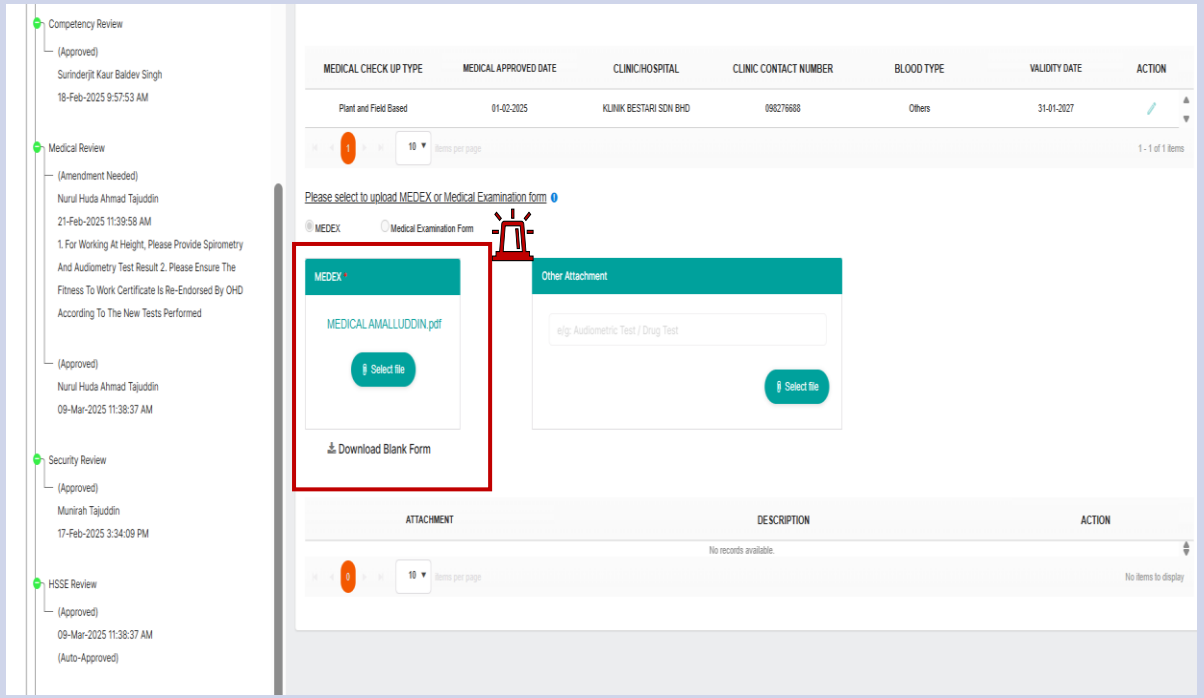
DON'Ts

Submit inaccessible medical report.



DO's

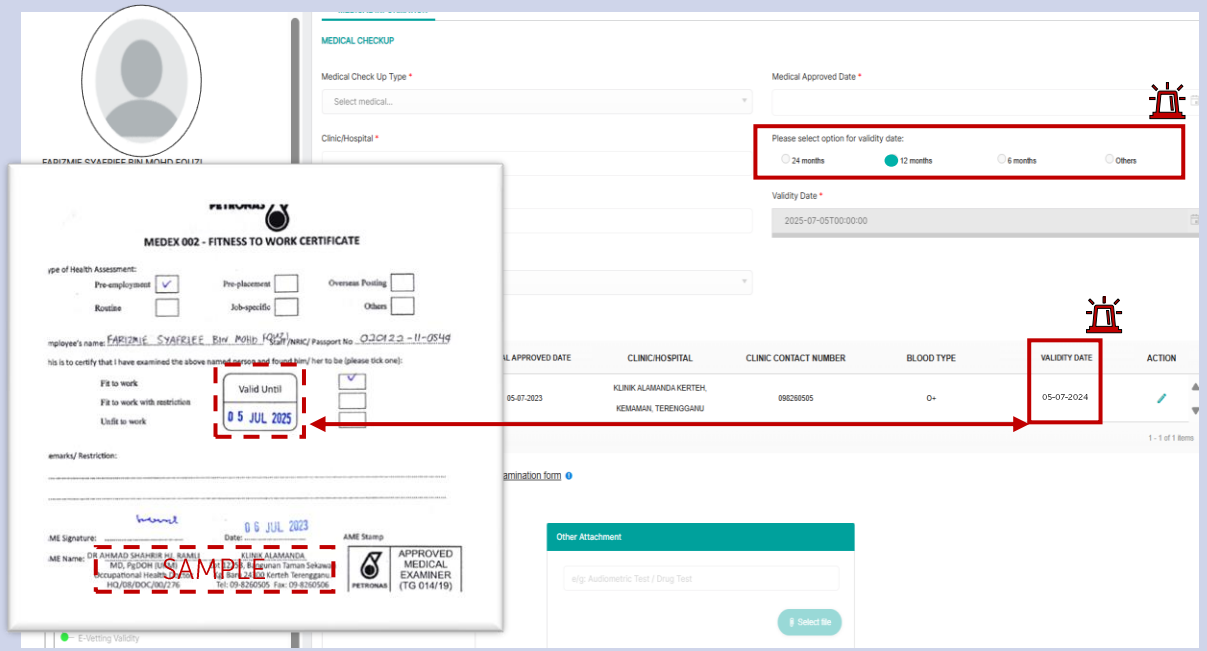
Check file accessibility prior submission of medical report.



Checklist Prior Medical Report Submission (4/9)

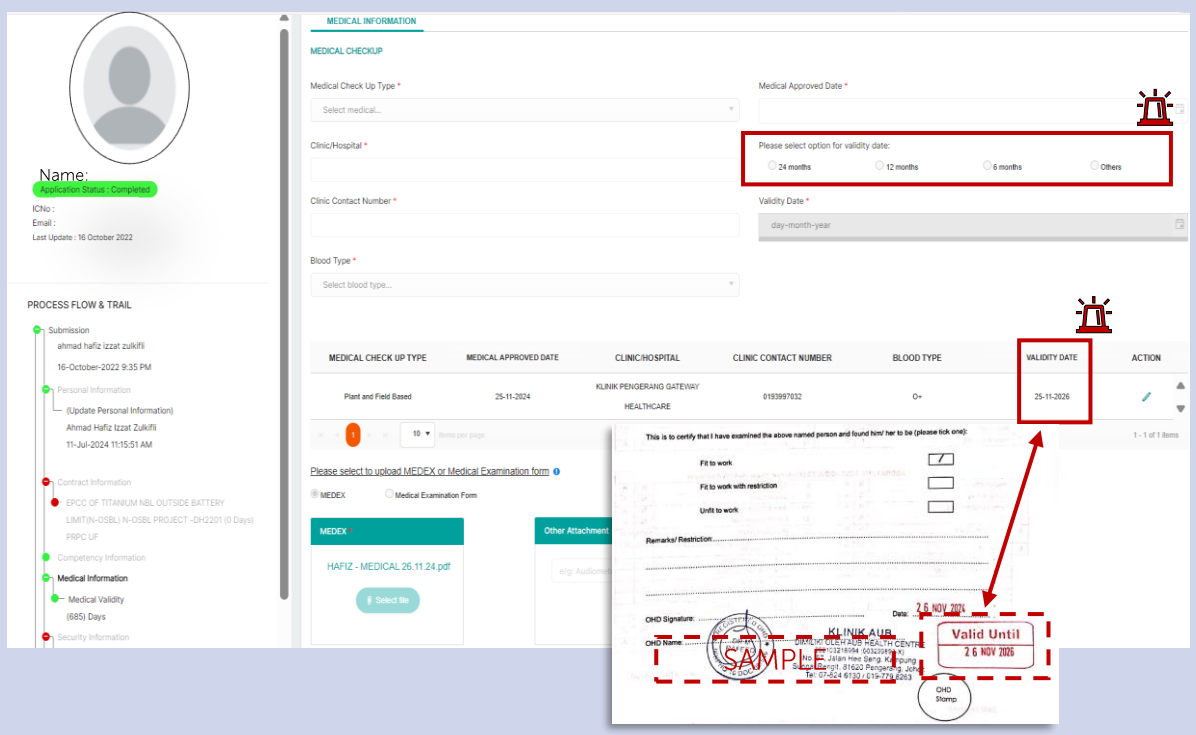
DON'Ts ✗

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



DO's ✓

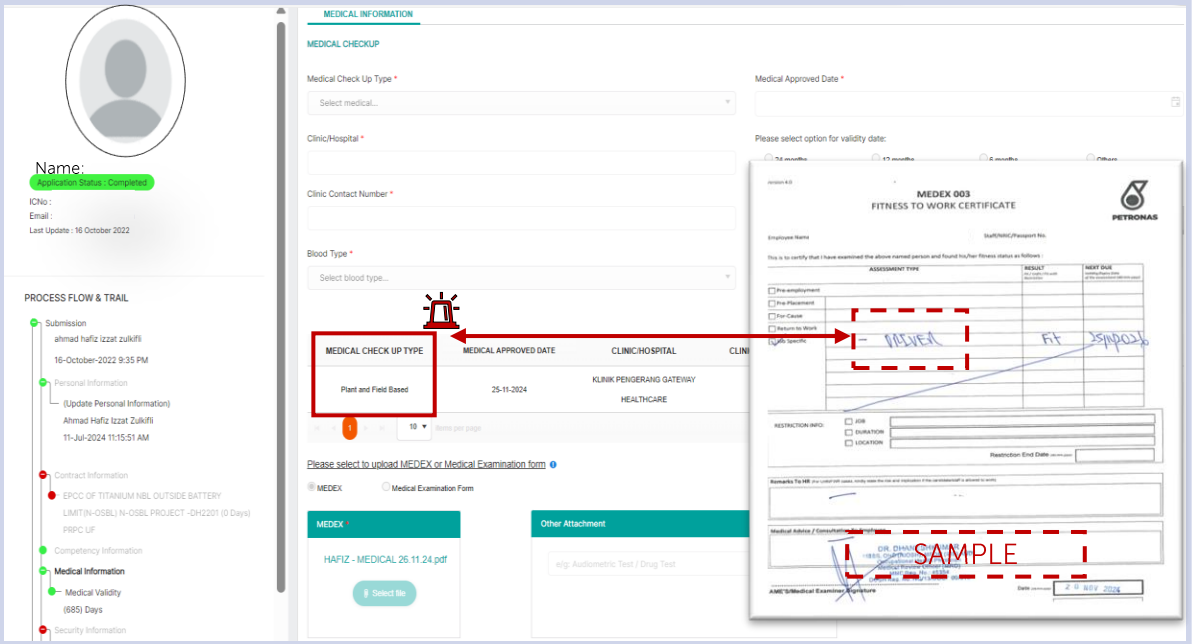
Select the correct due date which is 2 years from the approved date or as indicated by Occupational Health Doctor (OHD) i.e. 6 months/ 1 year.



Checklist Prior Medical Report Submission (5/9)

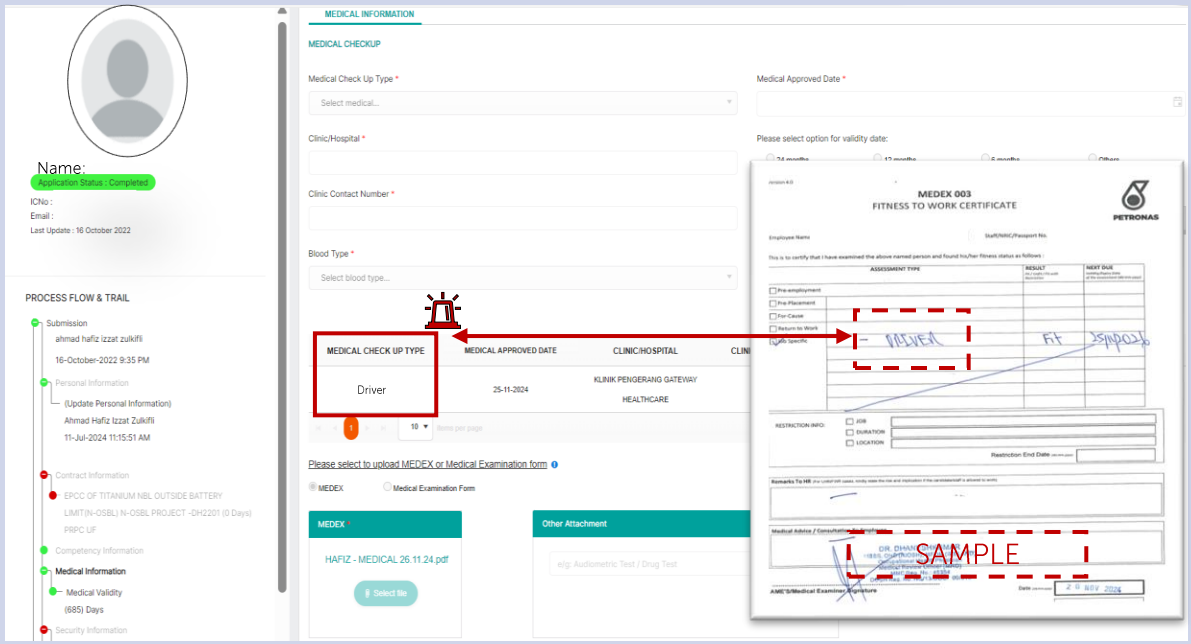
DON'Ts ✗

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



DO's ✓

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



Checklist Prior Medical Report Submission (6/9)

DON'Ts ✗

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

MEDEX 003
FITNESS TO WORK CERTIFICATE

PETRONAS

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))
☐ Pre-employment			
☒ Pre-Placement	Type: Domestic	Fit	N/A
☐ For-Cause			
☐ Return to Work			
☒ 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/FWR cases, kindly state the risk and implication if the candidate/staff is allowed to work)

Medical Advice / Consultation To Employee

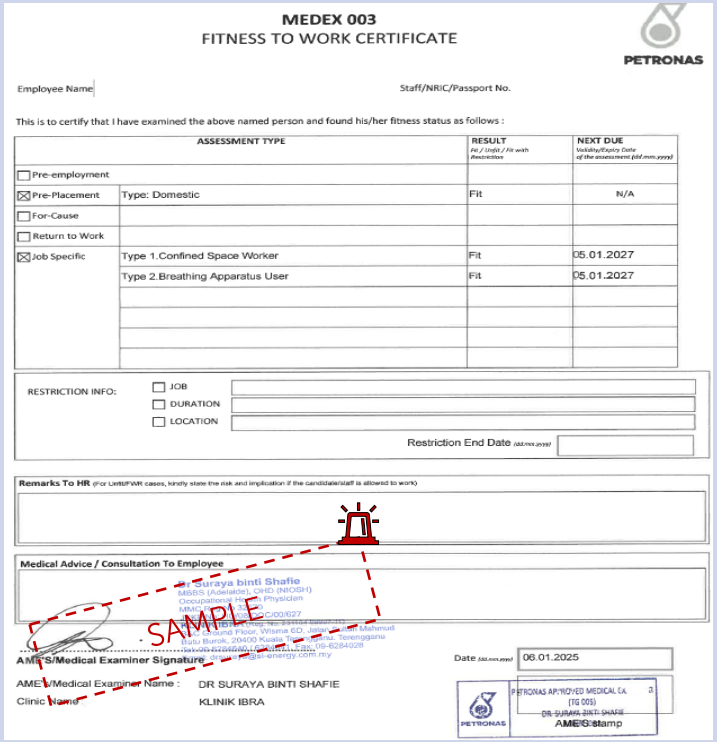
AME's/Medical Examiner Name : DR SURAYA BINTI SHAFIE
Clinic Name : KLINIK IBRA

Date (dd/mm/yyyy) 06.01.2025

PETRONAS APPROVED MEDICAL EX. (TG 005)
DR SURAYA BINTI SHAFIE
AME's stamp

DO's ✓

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



MEDEX 003
FITNESS TO WORK CERTIFICATE

PETRONAS

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))
☐ Pre-employment			
☒ Pre-Placement	Type: Domestic	Fit	N/A
☐ For-Cause			
☐ Return to Work			
☒ 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/FWR 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 (Adelaide), OHD (NIOSH)
Occupational Health Physician
MMC No. [illegible]/C/001/627

SAMPLE

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 005)
DR SURAYA BINTI SHAFIE
AME's stamp

Checklist Prior Medical Report Submission (7/9)

DON'Ts ✗

Proceed with a medical report where the Fit/Unfit status is missing or unclear.

MEDEX 003
FITNESS TO WORK CERTIFICATE
PETRONAS

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)*
☐ Pre-employment			
☒ Pre-Placement	Type: Domestic	Unfit	N/A
☐ For-Cause			
☐ Return to Work			
☒ Job Specific	Type 1.Confined Space Worker		
	Type 2.Breathing Apparatus User	Unf	05.01.2027

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)

Medical Advice / Consultation To Employee

SAMPLE

AME'S/Medical Examiner Signature   Date (dd.mm.yyyy) 06.01.2025

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

Clinic Name : KLINIK IBRA

AME'S stamp

DO's ✓

OHD/ AME has selected Fit/ Unfit status in medical report.

MEDEX 003
FITNESS TO WORK CERTIFICATE
PETRONAS

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)*
☐ Pre-employment			
☒ Pre-Placement	Type: Domestic	Fit	N/A
☐ For-Cause			
☐ Return to Work			
☒ 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/FWR cases, kindly state the risk and implication if the candidate/staff is allowed to work)

Medical Advice / Consultation To Employee

SAMPLE

AME'S/Medical Examiner Signature   Date (dd.mm.yyyy) 06.01.2025

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

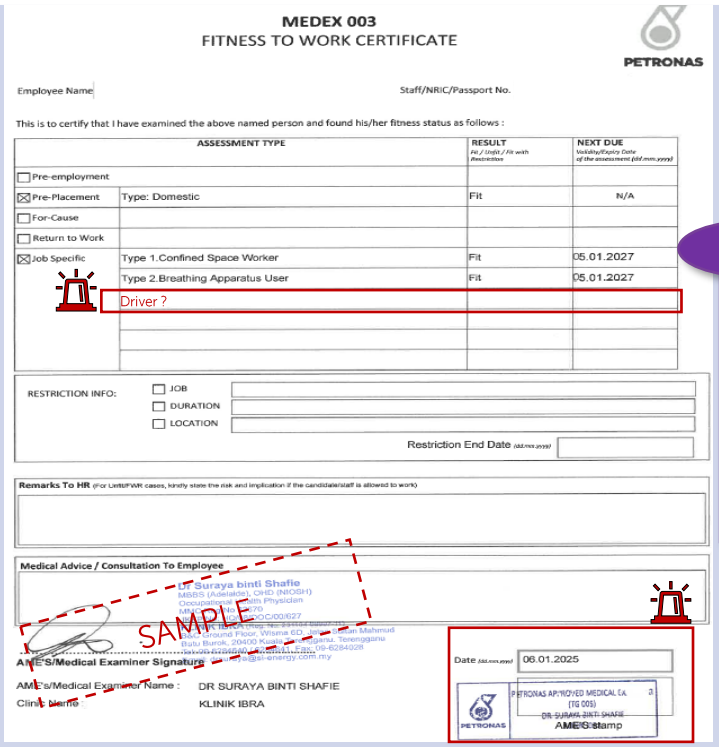
Clinic Name : KLINIK IBRA

AME'S stamp

Checklist Prior Medical Report Submission (8/9)

DON'Ts ✗

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



MEDEX 003
FITNESS TO WORK CERTIFICATE

PETRONAS

Employee Name | Staff/NRIC/Passport No.

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

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)

Medical Advice / Consultation To Employee

SAMPLE

Dr Suraya binti Shafie
MBBS (Adelaide), OHD (NIOSH)
Occupational Health Physician
MMC No. [illegible]
KLINIK IBRA Reg. No. [illegible]
B&C Ground Floor, Wisma [illegible] Jalan Sultan Mahmud
Bulu Burok, 20400 Kuala [illegible], Terengganu, Terengganu
Tel: [illegible] Fax: 09-6284028
[illegible]@ai-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

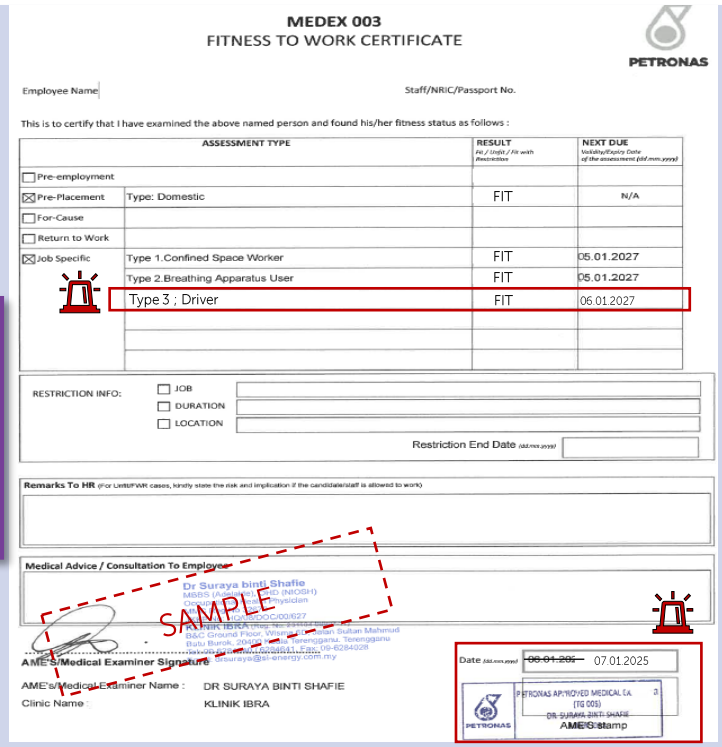
PETRONAS APPROVED MEDICAL EX. (TG 005)
DR. SURAYA BINTI SHAFIE
AME's stamp

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.

DO's ✓

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

PETRONAS

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))
☐ Pre-employment			
☒ Pre-Placement	Type: Domestic	FIT	N/A
☐ For-Cause			
☐ Return to Work			
☒ Job Specific	Type 1.Confined Space Worker	FIT	05.01.2027
	Type 2.Breathing Apparatus User	FIT	05.01.2027
	Type 3 ; Driver	FIT	06.01.2027

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)

Medical Advice / Consultation To Employee

SAMPLE

Dr Suraya binti Shafie
MBBS (Adelaide), OHD (NIOSH)
Occupational Health Physician
MMC No. [illegible]
KLINIK IBRA Reg. No. [illegible]
B&C Ground Floor, Wisma [illegible] Jalan Sultan Mahmud
Bulu Burok, 20400 Kuala [illegible], Terengganu, Terengganu
Tel: [illegible] Fax: 09-6284028
[illegible]@ai-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) ~~06.01.205~~ 07.01.2025

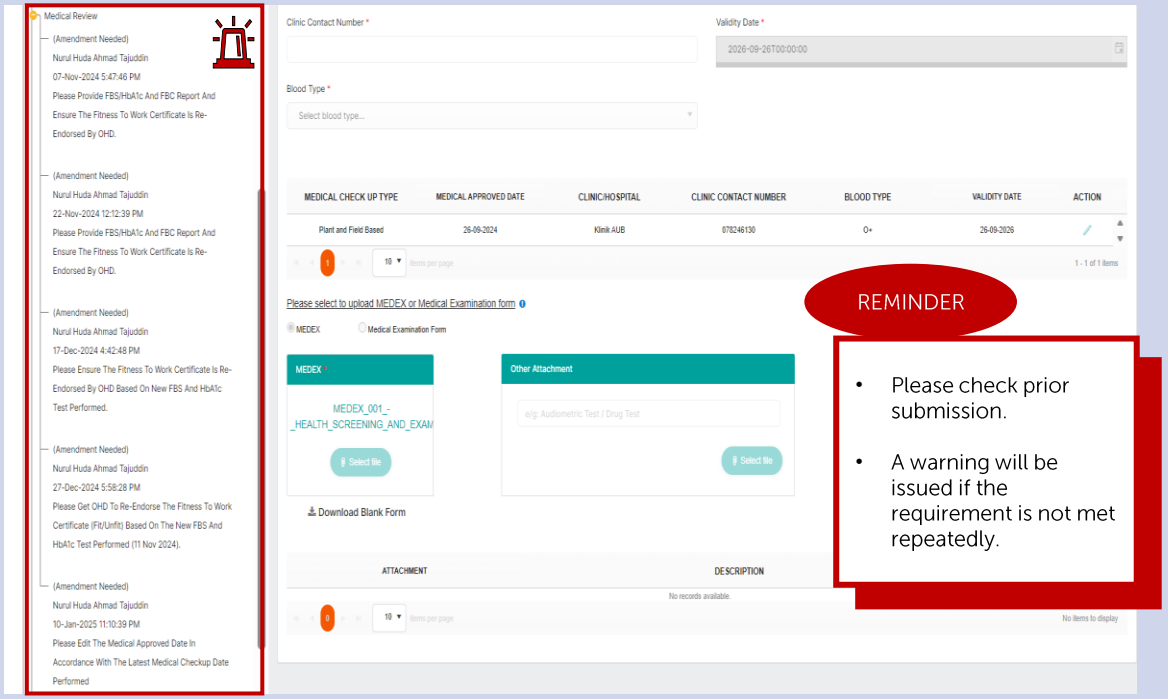
PETRONAS APPROVED MEDICAL EX. (TG 005)
DR. SURAYA BINTI SHAFIE
AME's stamp

PETRONAS

Checklist Prior Medical Report Submission (9/9)

DON'Ts

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

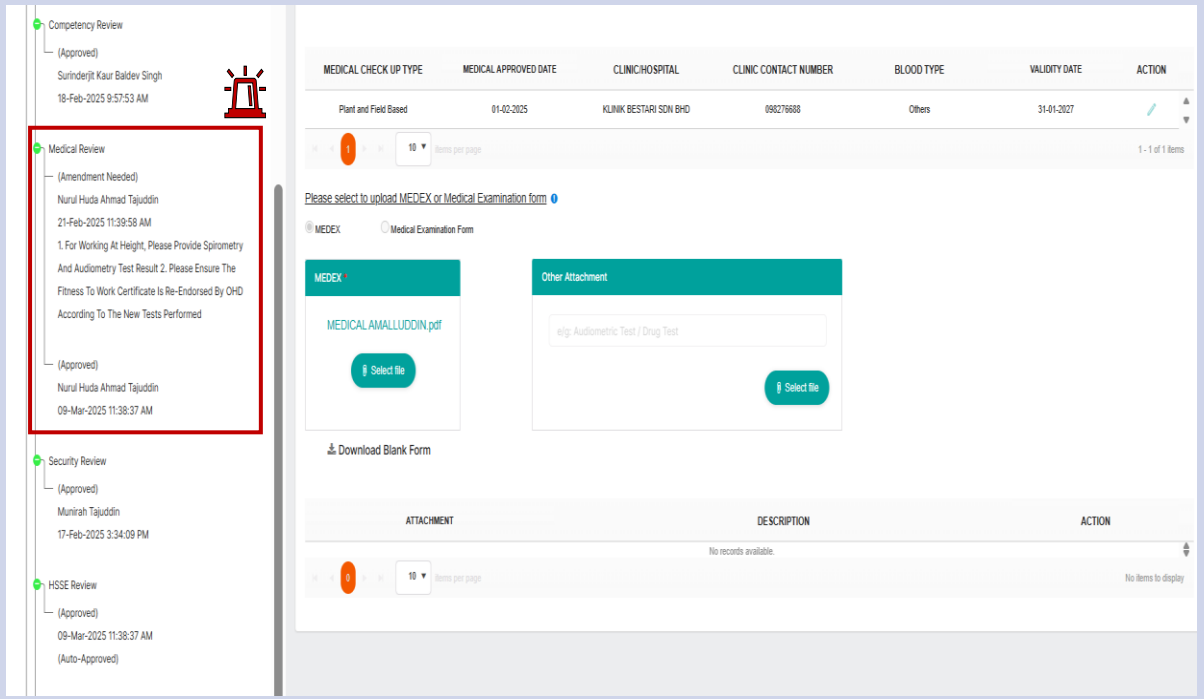


REMINDER

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

DO's

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



Summary of how to review medical report prior to submission in XPRESS

No.	Items	Yes	No
1	Check the **age**. If more than 40 years old, requires CVRA and ECG test		
2	Check type of **Job Specific Assessment** (Plant and Field Based/ Confined Space / Driver / Crane & Forklift Operator)		
3	Check **completion of clinical and lab test result**. Must aligned with the Job Specific Assessment Matrix		
4	At the Fitness to Work Certificate, ensure **type of assessment is aligned with the Job specific assessment**. The results must be '**FIT'.**		
5	Check the **validity** of medical report as advised by DOSH registered Occupational Health Doctor (OHD) / PETRONAS Approved Medical Examiner (AME). **(2 years (default) / 1 year / 6 months /3 months / etc.)**		
6	Ensure the Fitness to Work Certificate is **signed and endorsed by by OHD / AME.**		
7	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.**		
8	Check all the **required test reports as per Job Specific Assessment Matrix are attached.** Full Blood Count (FBC), Full Blood Sugar (FBS) report, Urine FEME report, Urine drug report, CV-RA report, ECG report, Spirometry report, Audiometry report, Epworth Sleeping Scale (ESS) report		

PETRONAS

Checklist for medical report submission in XPRESS

No.	Items	Yes	No
1	Ensure the **correct, completed and valid Medical report is uploaded**. Health assessment shall be **done within 6 months in prior to job commencement.**		
2	**Medical Approved Date is updated and aligned with medical report** that has been attached.		
3	Check **file accessibility** prior submission of medical report.		
4	Select the **correct due date which is 2 years or as indicated by Occupational Health Doctor (OHD)** i.e 6 months / 1 year.		
5	Select the **correct Medical Type** i.e. Plant and Field Based/ Confined Space / Driver / Crane & Forklift Operator.		
6	Correct and complete **medical report is uploaded**.		
7	Ensure medical report is **signed and endorsed by OHD / PETRONAS Approved Medical Examiner (AME).**		
8	OHD/AME has **selected FIT/UNFIT** status in Fitness to Work Certificate.		
9	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.**		
10	If the application is reverted, please **revise accordingly as per medical reviewer's comment**		

PETRONAS

For any further inquiries, please reach out to the following contacts:

1 Medical Review Requirements

- PRPC Contract Owner / Job Owner
- PRPC Occupational Health Executive – nurulhuda.ahmadtaju@petronas.com.my

2 XPRESS OPU Admin

- PRPC UF / Others : haireenisa.b@petronas.com.my
- CFS : maslina.misnin@petronas.com.my

3 XPRESS System Issues

- ICT Service Desk - ict.servicedesk@petronas.com.my
  (Ticket to be logged by Contract Owner / Job Owner)

PETRONAS


PETRONAS
50
YEARS