



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare... Humane Care



Organization Accredited by International Commission for Accreditation
Badr Al Samaa Hospital, Haveli & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	RAMIZ HUSSAIN	
AGE/D.O.B	40 Y,17.09.1980	DATE 16.03.2021
PASS/ID NO:	92234771	GENDER MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT 175 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT 120 KG
HEART	NORMAL	BP 130/88 mmHg
LUNGS	NORMAL	PULSE 84/ Min
ABDOMEN	NORMAL	CNS NORMAL
SKIN	NORMAL	ENT NORMAL

INVESTIGATIONS

FBS	ELEVATED
HbA1c	7.10%
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	NORMAL
SICKLING TEST	NEGATIVE
URINE ROUTINE	SUGAR (+)
ECG	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 1.6%

COMMENTS

- * Known T2DM on irregular medication for past 1 year
- * Advised to continue medication
- * Obesity- Advised weight reduction

CONCLUSION MEDICALLY FIT

Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

SEAL



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Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname <u>RANIZ, HUSSAIN</u>	
Forenames :	
Address	
Home telephone number	
Place of examination BADR AL SAMAA	Date <u>16/3/21</u>
If a dependant enter employee's name here: Surname: _____ Forenames: _____	
Birth date: <u>17-09-1980</u>	Nationality: _____ Country of birth: _____ Religion: _____
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced
Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Number of children: _____	
Reason for examination Pre-Employment/Job: <input type="checkbox"/>	
Pre-Overseas Area: <input type="checkbox"/>	
Name and address of family doctor	List your last 3 jobs (1) _____ (2) _____
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)	
Y N	Y N
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeat
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever/other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Diabetes
12. Stomach ulcer	32. Headaches/migraine
13. Recurrent indigestion	33. Dizziness/fainting
14. Jaundice or hepatitis	34. Epilepsy
15. Gall Bladder disease	35. Joints/spinal trouble
16. Marked change in bowel habits	36. Surgical operation
17. Blood in stools (motions)	37. Serious accident/fracture
18. Marked change in weight	38. Tropical disease
19. Varicose veins	39. Fear of heights
20. Lump in breast/armpit	
HAVE YOU EVER BEEN:-	
	40. Rejected for employment or insurance for medical reasons
	41. Awarded benefits for industrial injury/illness
	42. Treated for a mental condition, e.g. depression
	43. Treated for problem drinking or drug abuse
	44. Exposed to toxic substance or noise
FOR WOMEN ONLY	
Have you ever had:-	
	45. An abnormal smear
	46. Any gynaecological treatment
	47. Are you pregnant?
	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
How much tobacco each day? <u>Nil</u>	Average daily alcohol consumption <u>Nil</u>
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes (x) Tuberculosis (x) Epilepsy (x) Asthma (x) Eczema (x) Heart disease (x) High blood pressure (x) Stroke (x) Blood Disease (x) Cancer (x)	
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:- I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.	
Date: <u>16/3/21</u>	Signature of Applicant: <u>[Signature]</u>



720m x 6yr on Irregular
medication see to Agony.com
D. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION	
N	A		
		1. Eyes & Pupils	Normal & Reactive ear, nose & throat - normal MMV Sick ⊕ No MMV No MMV Normal Normal Normal Normal Normal Normal Normal
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	
		10. Extremities	
		11. Musculo-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group	
					L	DISTANT	NEAR					
					R	Uncorrected	R	L	R	L		
175	120	39.2	130/88	84/min.								
						Corrected	6/6	6/6	N6	N6	(N)	B+

N		A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N		A	
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>	1. Urinalysis					<input checked="" type="checkbox"/>	7. Audiogram	Bilateral hearing sensitivity normal
	<input checked="" type="checkbox"/>	2. Hb, Bloodcount, ESR						8. Lung Function	
	<input checked="" type="checkbox"/>	3. LFT, RFT, RBS						9. Chest X-Ray	
		4. Drug Screen						10. ECG	
	<input checked="" type="checkbox"/>	5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above	
	<input checked="" type="checkbox"/>	6. Sickle Cell test						12. HIV, Hepatitis screening	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)
 Term & long on regular medication due to recurrent Hypoglycemia

ASSESSMENT:
 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT



Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:

Syale
DR. SAJILA P.P.
 MBBS., DNB (ENT), DLO.
 Specialist Ent Surgeon
 MOH Lic No.: 19387

[Signature]
DR. B. VENKATESH KUMAR
 CARDIOLOGIST
 MOH NO#14581

