مجموعة مستشفيات ومستوصفات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare ... Humane Care

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	GIL DIONIO IGANA		
AGE/D.O.B	38 Y,08.08.1982	DATE	04.04.2021
PASS/ID NO:	92419184	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	175 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	96 KG
HEART	NORMAL	BP	120/76 mmHg
LUNGS	NORMAL	PULSE	78/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold with moderately severe dip at 4000Hz dip B/L
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 2%

COMMENTS
* To use adequate ear protection in high noise environment
* DLP- Advised lifestyle modification
* Class I Obesity- Advised weight reduction

CONCLUSION **MEDICALLY FIT**

Signature: ....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badroman.com

المقر الرئيسي
info@badroman.com البريد الإلكتروني

File No:	3343891	**Doc No:**	3505546
Name:	GIL DIONIO IGANA	**Date:**	04/04/2021 **Time:** 13:27
Age:	38 Y **Sex:** M	**Bill No:**	4119352
Nationality:	FILIPINO	**Chs No:**	
GSM No.:	94367996	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD GROUP	O		
Rh	POSITIVE		
HAEMOGRAM			
TOTAL COUNT(W B C)	9.6 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	53 %	40- 75 %	
LYMPHOCYTES	38 %	20 -45 %	
EOSINOPHILS	04 %	01 - 06 %	
MONOCYTS	05 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	17.1 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	5.65 mil/ul	3.8 - 5. 8 mil/ul	
PCV	**50.1 %**	37 - 47 %	
M C V	88.8 fL	78 - 93 fL	
M C H	30.4 pg	27 - 32 pg	
M C H C	34.2 gm/dL	31 - 35 gm/dL	
PLATELET COUNT	290 k/Ul	150 - 400 k/Ul	
SICKLING TEST	NEGATIVE		
RENAL FUNCTION TEST			
UREA	4.15 mmol/L (25 mg/dl)	1.66 - 7.47 mmol/L	10 - 45 mg/dl
CREATININE	75.14 umol/L (0.85 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	**440.15 umol/L (7.4 mg/dl)**	Male:202-416 umol/L , Female:149-357 umol/L	Male:3.4-7.0 mg/dl, Female:2.5-6.0mg/dl

Medical Technologist *Requisitioning Doctor:* *Clinical Pathologist*

■ Out of Normal Range ■ Out of Critical Range

Collected Date And Time:

Reported Date And Time:

BADR NIZWA BADR AL SAMAA HOSPITAL L.L.C.

Headquarters
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي :
س.ت : ١٦٩٣٨٠٨، ص.ب : ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | العذيبة : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badralsamaahospitals.com

File No:	3343891	**Doc No:**	3505547
Name:	GIL DIONIO IGANA	**Date:**	04/04/2021 **Time:** 13:23
Age:	38 Y **Sex:** M	**Bill No:**	4119352
Nationality:	FILIPINO	**Chs No:**	
GSM No.:	94367996	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	**5.49 mmol/L (99 mg/dl)**	Normal: upto 5.55 mmol/l, Impared fasting glucose:5.55-6.99 mmol/l Diabetic : > 6.99 mmol/l	Normal : up to 100 mg/dl Impared fasting glucose:100-126 mg/d Diabetic: > 126 mg/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	**6.26 mmol/l (242 mg/dl)**	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	1.03 mmol/l (40 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	4.41 mmol/l (170.6 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	0.81 mmol/l (31.4 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	1.77 mmol/l (157 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	104 U/L	Male :40 - 129 U/L Female:-35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	31 IU/L	Up to 40 IU / L	
SGPT (ALT)	**66 IU/L**	Up to 41 IU / L	
TOTAL BILIRUBIN	**10.09 umol/L (0.59 mg/dl)**	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	**3.42 umol/L (0.20 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	6.67 umol/L (0.39 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	**85 gm/L (8.5 gm/dl)**	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	**51 gm/L (5.1 gm/dl)**	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	34 gm/L (3.4 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist *Requisitioning Doctor:* *Clinical Pathologist*

■ *Out of Normal Range* ■ *Out of Critical Range*

Collected Date And Time:

Reported Date And Time:

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Headquarters:
CR. No. 1693838, PB No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846668 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25540112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي :
سي ار نمبر ١٦٩٣٨٣٨، ص.ب ١١٢، الرمز البريدي ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠ فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٨ | الخبوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٠١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الالكتروني info@badromen.com

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

File No:	3343891	**Doc No:**	3505548
Name:	GIL DIONIO IGANA	**Date:**	04/04/2021 **Time:** 13:28
Age:	38 Y **Sex:** M	**Bill No:**	4119352
Nationality:	FILIPINO	**Chs No:**	
GSM No.:	94367996	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.020
REACTION	Acidic(6.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	0-2 / HPF
EPITHELIAL CELLS	3-5 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

Medical Technologist

Requisitioning Doctor:

Clinical Pathologist

Out of Normal Range Out of Critical Range

Collected Date And Time:

Reported Date And Time:

BADR NIZWA BADR AL SAMAA HOSPITAL L.L.C.

Headquarters:
CR. No. 1693808, PB No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Ghubrah : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25540112 | Nizwa : 25447777 | Fahj : 26754131
Email: info@badralsamaahospitals.com

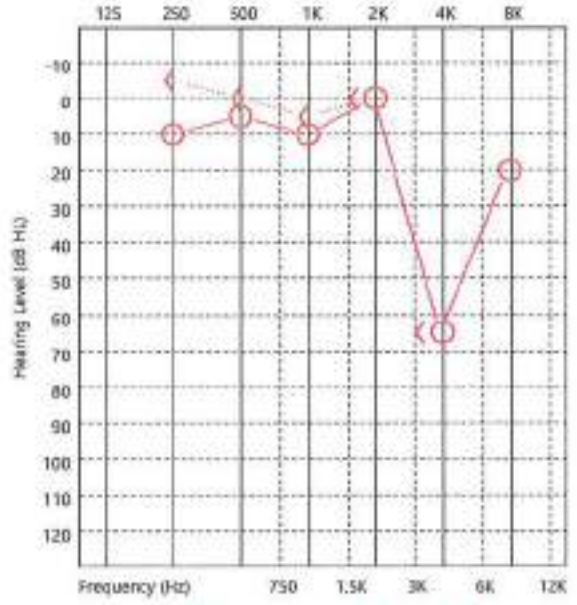
المقر الرئيسي :
ص.ب رقم : ١٦٩٣٨٠٨، ص. ب ٤٤٣، الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الغبرة : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٠١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني: info@badralsamaan.com

Name	GIL DIONIO IGANA
Patient ID	3343891
Gender	Male
Birthdate	08/08/1982
Age	38 years

Report Date/Time
04/04/2021 10:52 AM

Audiogram Graph

DD45



AC PTA 5 dB BC PTA 2 dB SII 74 %

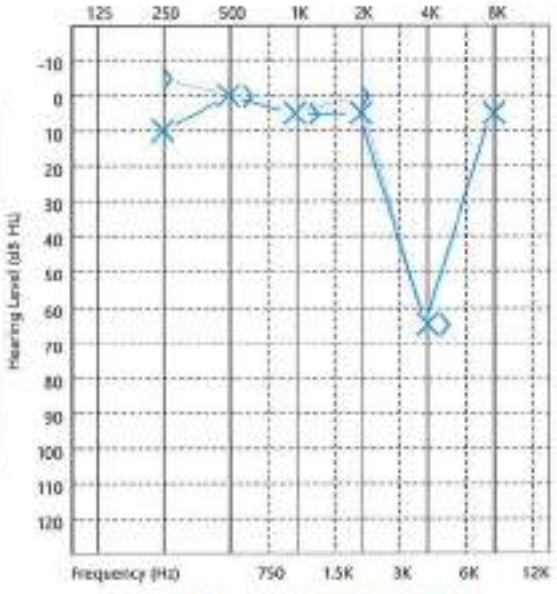
dB EM

AC
BC

REF. ANSI S3.6 / IEC 60645-1

Audiogram Graph

DD45



AC PTA 3 dB BC PTA 2 dB SII 76 %

dB EM

AC
BC

REF. ANSI S3.6 / IEC 60645-1

Clinical Comments

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH MODERATELY SEVERE DIP AT 4KHZ.

Examiner SRUTHI JINOY License Number 16261

SRUTHI JINOY
AUDIOLOGIST
MOH LIC.# 16261

Signed By: _____ Signed On Date: 04/04/2021

BADR NIZWA HOSPITAL L.L.C.

Headquarters:
Cl. No. 1603868, PB No. 643, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23201830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي :
ص.ت. ١٦٠٣٨٦٨، ص. ب ٦٤٣، الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخـوض : ٢٤٥٤٦٩٩٠ | صـلالة : ٢٣٢٠١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧١ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني info@badroman.com

Fitness to Work Certificate

Employee Data	Date : 04/04/21
Name : OTIK DIONIOKIANA	Department/Company
I.D No : 92419184 Age : 38yrs	Occupation : Heavy vehicle driver

Type of Medical Evaluation			Mark those applying √		
A1	Aircraft refueling		A6	Fire /Emergency response team work	
A2	Breathing apparatus		A7	Professional driving	
A3	Business traveler		A8	Remote location work	
A4	Catering and food preparation		A9	Transfers – group A country	
A5	Crane or forklift driving& all heavy vehicles		A10	Transfers – group B country	

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			FIT
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs.			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			
Temporary Unfit until			
Permanently Unfit			Date 04/04/21
Name of health advisor **Signature** **Date** : 04/04/21			

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C.
NIZWA
BADR

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 GIL DIONIO LORENZO

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 04/04/01

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 08.08.1982 | Nationality: | Country of birth: | Religion:

☑ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | Number of children:

Reason for examination Pre-Employment Job: ☐
Pre-Overseas Area: ☐

Name and address of family doctor

List your last 3 jobs
(1)
(2)

Are you a Registered Disabled Person? (UK only) ☐

Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever/other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? (10 Cig/day) | Average daily alcohol consumption NIL

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (NP) Tuberculosis (NO) Epilepsy (NO) Asthma (No) Eczema (NO)
Heart disease (NP) High blood pressure (NO) Stroke (No) Blood Disease ( ) Cancer (No)

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: 04/04/01 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	Nvm
		5. Cardiovascular System	S1 S2 ⊕ No murmur
		6. Abdo. Viscera	Soft, no ⊕ normal
		7. Hernial Orifices	
		8. Anus & Rectum	normal
		9. Genito-urinary	normal
		10. Extremities	normal
		11. Musculo-skeletal	normal
		12. Skin & Varicose Vns.	normal
		13. C.N.S.	Nvm

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
175	96	31.3	120/76	78 /mins.	L R	DISTANT / NEAR R L / R L Uncorrected 6/6 6/6 N6 N6 Corrected	N	O+

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

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Obesity - Adv. wt reduction
O/P - Advised lifestyle modification

ASSESSMENT:

FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐

FIT

Date: 4/4/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 4/4/21 Name (Block Capitals): Dr. / Nurse Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR NIZWA
BADR AL SAMAA HOSPITAL L.L.C.

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 4/4/21
Name: GIL DIONIO IGANA		Department/Company:
I. D No.	Tel #	Occupation : Heavy Vehicle Driver

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

1	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
2	as a passenger in the car for an hour without a break
3	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
2	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	8

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct**.

Signature: _____ **Date**: 4/4/21

FIT

BADR NIZWA

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581