



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care



Organization Accredited
by Arab Commission International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME		AMRIK SINGH	
AGE/D.O.B	42 Y,05.04.1979	DATE	10.04.2021
PASS/ID NO:	84217501	GENDER	MALE
VISION-RT-EYE	6/6 WITH GLASSES	HEIGHT	166 CM
LT-EYE	6/6 WITH GLASSES	WEIGHT	79 KG
HEART	NORMAL	BP	136/80 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
ECG	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 2.7%

COMMENTS * DLP- Advised lifestyle modification

CONCLUSION MEDICALLY FIT

Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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المقر الرئيسي :

س. ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٨٤٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٨٨٨٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧ | ملح : ٢٦٥٤١٣١

البريد الإلكتروني : info@badroman.com

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>AMRUK Jumeir</u>	
Forenames :	
Address	
Home telephone number	
Place of examination BADR AL SAMAA	Date <u>10/04/14</u>
If a dependant enter employee's name here:	
Surname:	Forenames:
Birth date: <u>05-04-1974</u>	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
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	
45. Have you ever had:-	
46. An abnormal smear	
47. Any gynaecological treatment	
48. Are you pregnant?	
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? <u>NU</u>	Average daily alcohol consumption <u>NU</u>
Have you ever taken elicited drugs? (X) 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>10/04/14</u>	Signature of Applicant: <u>AS</u>
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE	
Further details of medical history and recreational activities	

[Signature]

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		Normal					
		5. Cardiovascular System		S1h @ No murmur					
		6. Abdo. Viscera		b/f, m @					
		7. Hernial Orifices		normal					
		8. Anus & Rectum		normal					
		9. Genito-urinary		normal					
		10. Extremities		normal					
		11. Musculo-skeletal		normal					
		12. Skin & Varicose Vns.		normal					
		13. C.N.S.		normal					
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION		Colour Vision	Blood Group
166	79.4	28.8	136/80	78/min.	L R	DISTANT NEAR Uncorrected Corrected	R L R L 6/6 6/6 N6 N6	(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. Sick Cell test					12. HIV, Hepatitis screening		

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

O/P - advised lifestyle modification

ASSESSMENT:

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

Date: 10/04/2019 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 10/04/2019 Name (Block Capitals): Dr. / Nurse Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

