Fitness to Work Certificate for drivers

Employee Data		Date 21/06/2023	
Name HASHER MEHMOOD		Department/Company Truck Driver	
I.D No. 102381558	Age 30yrs	Occupation HDD	
Type of Medical Evaluation		Mark those applying √	
A6- HVD- Crane or forklift driving & all heavy vehicles	√	A7- Professional driving-light vehicles	

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 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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Name of health adviser	Signature	Date	

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 20052

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259354, P.C.: 124, Rusayl
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

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

Employee Data	Date: 21/06/2023.
Name: HASHER MEHMOOD.	Department/Company: TRUC OMAN.
I. D No. 02381538 Tel #	Occupation : H DP.

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

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	00

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 Hasher (*Print Name*) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Date:

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مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

No. B14752

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: HASHIR MEHMOOD

Nationality: PAKISTANI

Mobile No. 95094384 | Home/Leave Address: | Company Number: TRUCK DRIVER | Reference Indicator: 6848

Personal Details: CIVIL ID-102381538 DOB-12/06/1993 AGE-30

A ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: | Relationship to employee ☐ Wife ☐ Son ☐ Daughter | No of Children: 0

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: HDP | Next Job and Location:

Are you a registered person with special needs? ☐ | Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' **(yes) in the column. If 'Y' Please describe**

		N	Y	Description
	Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?			
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease	✓		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	Have you had any serious allergies	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
	Do you take any regular medicines, or have your taken in the past?	✓		
	Do you smoke? If yes, what and how much each day?	✓		
	Do you drink alcohol? If yes, what is your average weekly intake?	✓		
	Have you ever taken elicited/recreational drugs?	✓		
	Are you doing regular sports or physical activities?		✓	

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

RUSAYL HEALTH CENTRE
C.R. No.: 1253954,
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

Date: 21/06/2023 Signature of Applicant:

مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
ISO 9001- 2015 Certified Co.

No. B 14752

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	NAD
✓		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 /mins.	HEARING	VISION
169	86	30.1	100/66	70	L N, R N	DISTANT R/L Uncorrected 6/4 6/4; NEAR R/L 6/4 6/4; Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Tnlgemle – 27216/4,	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen N/A				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.)

Dyslipidemia – low fat diet & Regular Exercise advised
– Tab Torvast 20mg dly, Repeat Lip 14 3/12,

ASSESSMENT AND RECOMMENDATIONS:

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

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 20042

Date: 21/06/2023 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1253954
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

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

Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel.: 24446151 / 54
Fax : 24446833

مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Timing : O.P.D. 7 a.m. to 5. p.m.

Date : 21/6/2021

LABORATORY INVESTIGATION

Name : Hasbar Mahmood
Dr.:
Sex : M
Age : 30
Company : Truck oman

HAEMATOLOGY

Test	Result	Normal range
Total WBC	4.16	(4000-11000cu/mm)
DC - NEUTROPHIL	53.8	(40-75%)
LYMPHOCYTE	41.0	(20-45%)
EOSINOPHIL	2.1	(1-6%)
MONOCYTE	2.9	(2-10%)
BASOPHIL	0.2	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	15.3	(14gm/dl—16gm/dl)
RBC COUNT	5.02	(4.5-6.6Million/cumm)
Platelet count	274,000	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	40.8	(40-45%)
MCV	80.8	(78-92fl)
MCH	31.4	(27-32pg)
Sickle cell	Negative	
MCHC	32.9	(31—35gm/dl)
Blood Group		

URINE ANALYSIS

Test	Result
Colour	yellow
Sp.gravity	1.015
pH	6
Albumin	Nil
Sugar	Nil
Acetone	Nil
Bile Salts	Nil
Urobilinogen	Nil
Blood	Nil
Nitrate	Nil
Leukocyte Esterase	Nil
Microscope:	
Pus cells	/HPF
RBC	/HPF
Epithelial cells	/HPF
Casts	/HPF
Crystals	
Bacteria	
Mucus-Thread	

Pregnancy Test

BIOCHEMISTRY

Test	Result	Normal range
Diabetic profile		
Blood sugar(fasting)	83	(70mg/dl-110mg/dl)(3.8mmol/l—6.1mmol/l)
PPBS		(80mg/dl-130mg/dl)(4.50-7.3mmol/l)
RBS		(64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)
HBA1C		(4—6.5%)
Lipid profile		
Triglycerides	272	(upto 200mg/dl)
Total Cholesterol	208	(<200mg/dl)
HDL	56.4	(>40mg/dl)
LDL	110	(Up to 130mg/dl)
Liver Function test		
Total bilirubin	0.42	(upto 1.0mg/dl)
SGOT	16.7	(Up to 40IU/L)
SGPT	19.1	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)
Renal function Test		
S creatinine	0.94	(0.7-1.4mg/dl)
Urea	18.6	(10-45mg/dl)
Uric acid	4.2	(3.4-7.0 mg/dl)
Cardiac profile		
Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

STOOL EXAMINATION

Colour:
Consistancy:
Reaction:
Occult Blood:
Microscopic ova:
Cyst:
Entamoeba:
Flagellates:
Pus Cells:
R.B. Cs:
Epith: cells:
Other:

SEMEN ANALYSIS

Quantity: Reaction
Total Sperm Count ... million/ml
(Normal 60-150 million/ml)
Microscopic: Active motile: %
Sluggish motile: %
Dead Sperms: %
Pus Cells R.B. Cs:
Epith: Cells:
Morphology Normal: %
Abnormal: %

V.D.R.L./Syphilis
R.F.
HBsAg.
HCV.
HIV

DR. INNOCENT IFEANYI NWOKEDIUKO
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Medical Officer

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Lab. Technician

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Sultanate of Oman
Tel.: 24446151 / 54,
Fax : 24446833

RHC

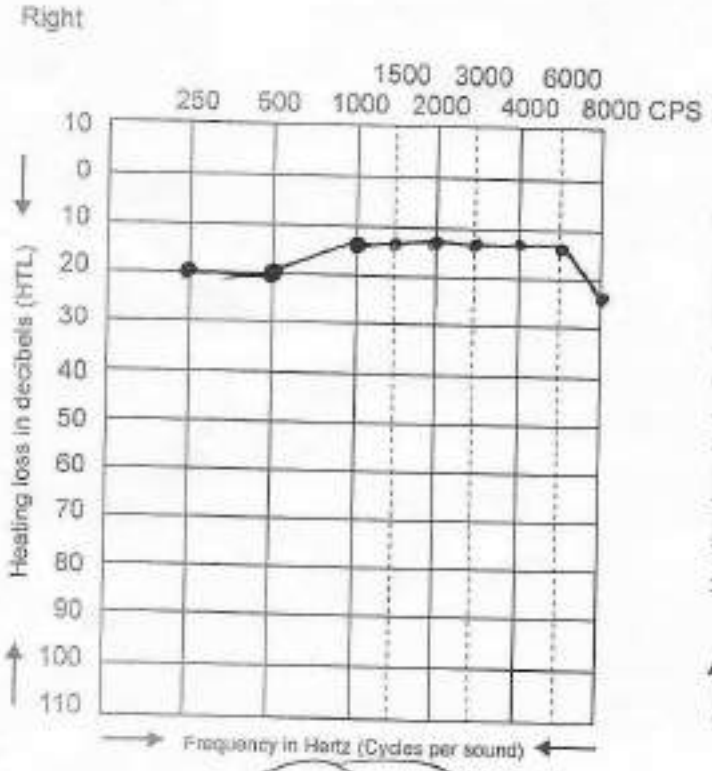
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

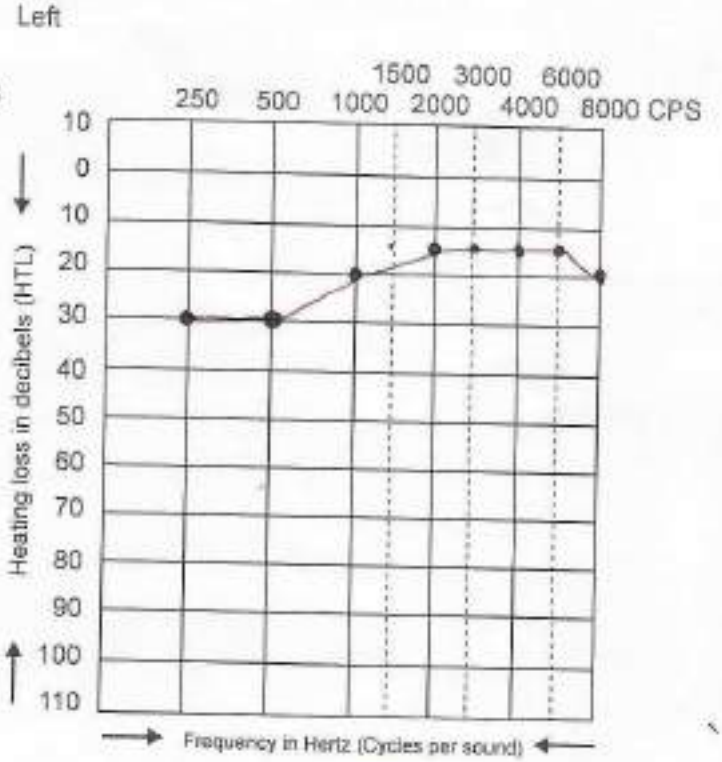
Name of Patient ..... HAShim Mehmood ..... اسم المريض

Age ..... 30 ..... السن Sex ..... male ..... الجنس Date ..... 21/06 ..... التاريخ

Name of Company ..... اسم الشركة

AUDIOGRAM





Impression : Fit

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Sultanate of Oman
RS PAC MURMUL CLINIC

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 2005

Name of Dr. & Signature