MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN EQUIPMENT RENTAL LLC (P.D.O)

NAME	**NITHIN PRASAD**		
AGE/D.O.B	**24 /, 24.03.1997**	**DATE**	**08.08.2021**
PASS/ID NO:	**11 908678**	**GENDER**	**MALE**
VISION-RT-EYE	**6/6 WITHOUT GLASSES**	**HEIGHT**	**170 CM**
LT-EYE	**6/6 WITHOUT GLASSES**	**WEIGHT**	**65 KG**
HEART	**NORMAL**	**BP**	**120/80 mmHg**
LUNGS	**NORMAL**	**PULSE**	**70/Min**
ABDOMEN	**NORMAL**	**CNS**	**NORMAL**
SKIN	**NORMAL**	**ENT**	**NORMAL**

INVESTIGATIONS

FBS	**NORMAL**
BLOOD GROUP	**B POSITIVE**
HAEMOGRAM	**NORMAL**
LIPIDPROFILE	**NORMAL**
RFT	**HYPERURICEMIA**
LFT	**NORMAL**
SICKLING TEST	**NEGATIVE**
URE	**NORMAL**
ECG	**NORMAL**
AUDIOGRAM	**NORMAL AUDIOMETRIC THRESHOLD**

COMMENTS **HYPERURICEMIA- Advised treatment**

CONCLUSION **MEDICALLY FIT**

Signature: ..... FIT

Dr.DAMODAR M PRABHU
MBBS,MD(INTERNAL MEDICINE)
9748

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

File No:	3364594		
Name:	NITHIN PRASAD	**Doc No:**	3523565
Age:	24 Y **Sex:** M	**Date:**	08/08/2021 **Time:** 09:42
Nationality:	INDIAN	**Bill No:**	4192941
GSM No.:	79456685	**Chs No:**	
Ref. By:	DR. DAMODAR M PRABHU	**ID No:**	

Test	Result	Normal Range	
BLOOD GROUP	B		
Rh	POSITIVE		
HAEMOGRAM			
TOTAL COUNT(W B C)	7.3 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	57 %	40- 75 %	
LYMPHOCYTES	35 %	20 -45 %	
EOSINOPHILS	03 %	01 - 06 %	
MONOCYTS	05 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	16.0 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	5.23 mil/ul	3.8 - 5. 8 mil/ul	
PCV	46.9 %	37 - 47 %	
M C V	89.7 fL	78 - 93 fL	
M C H	30.5 pg	27 - 32 pg	
M C H C	34.1 gm/dL	31 - 35 gm/dL	
PLATELET COUNT	250 k/Ul	150 - 400 k/Ul	
SICKLING TEST	NEGATIVE		
RENAL FUNCTION TEST			
UREA	6.64 mmol/L (40 mg/dl)	1.66 - 7.47 mmol/L	10 - 45 mg/dl
CREATININE	94.59 umol/L (1.07 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	**529.37 umol/L (8.9 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

Out of Normal Range   Out of Critical Range   Requisitioning Doctor: Clinical Pathologist

Collected Date And Time:

Reported Date And Time: 08/08/2021 9:42:00

1 of 1

Headquarters:
CR. No. 1693808, PB No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799761
Al Khuwair: 24488322 | Sohar: 26846660 | Al Khoud: 2454600 | Salalah: 23281800

المقر الرئيسي:

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

File No:	3364594	**Doc No:**	3523566
Name:	NITHIN PRASAD	**Date:**	08/08/2021 **Time:** 09:42
Age:	24 Y **Sex:** M	**Bill No:**	4192941
Nationality:	INDIAN	**Chs No:**	
GSM No.:	79456685	**ID No:**	
Ref. By:	DR. DAMODAR M PRABHU		

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	**5.99 mmol/L (108 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/dl Diabetic: > 126 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	68 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)	20 IU/L	Up to 40 IU / L	
SGPT (ALT)	34 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	**19.49 umol/L (1.14 mg/dl)**	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	**5.98 umol/L (0.35 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	13.51 umol/L (0.79 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	71 gm/L (7.1 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	47 gm/L (4.7 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	24 gm/L (2.4 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	4.32 mmol/l (167 mg/dl)	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	1.4 mmol/l (54 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	**2.58 mmol/l (99.8 mg/dl)**	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	0.34 mmol/l (13.2 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	0.75 mmol/l (66 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl

Medical Technologist

■ Out of Normal Range ■ Out of Critical Range *Requisitioning Doctor:*

Clinical Pathologist

Collected Date And Time:

Reported Date And Time: 08/08/2021 9:42:00

Headquarters:
CR. No. 1695808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488122 | Sohar : 26846660 | Al Khoud : 24546091

المقر الرئيسي :

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

File No: 3364594			
Name: NITHIN PRASAD		**Doc No:**	3523567
Age: 24 Y	**Sex:** M	**Date:**	08/08/2021 **Time:** 09:43
Nationality: INDIAN		**Bill No:**	4192941
GSM No.: 79456685		**Chs No:**	
Ref. By: DR. DAMODAR M PRABHU		**ID No:**	

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.015
REACTION	Acidic(5.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	1-2 / HPF
EPITHELIAL CELLS	0-2 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

Medical Technologist

Out of Normal Range   Out of Critical Range   Requisitioning Doctor: Clinical Pathologist

Collected Date And Time:

Reported Date And Time: 08/08/2021 9:43 00

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Headquarters:
C.R. 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 : 2454600 Salalah - ...

المقر الرئيسي :

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

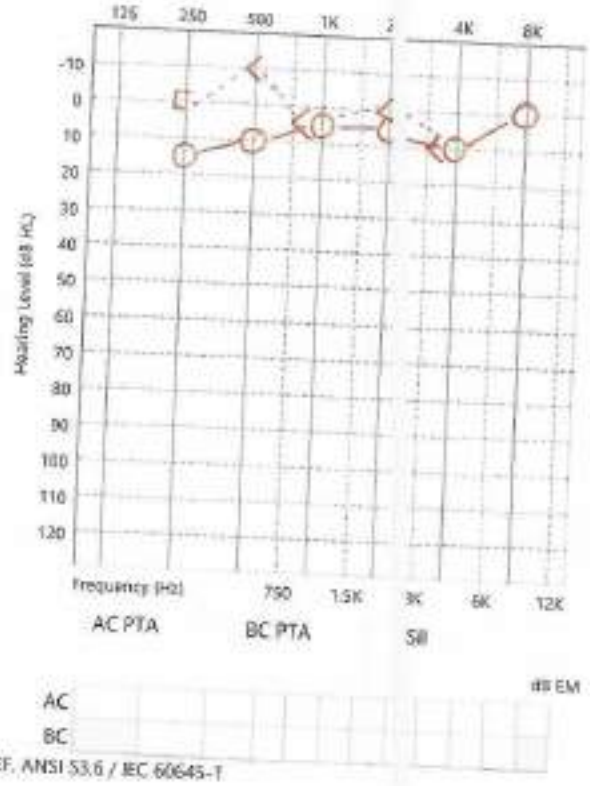
More Than Healthcare . . . Humane Care

Name	NITHIN PRASAD
Patient ID	336454
Gender	Male
Birthdate	24/03/1997
Age	24 years

Report Date/Time
08/08/2021 10:00 AM

Audiogram Graph

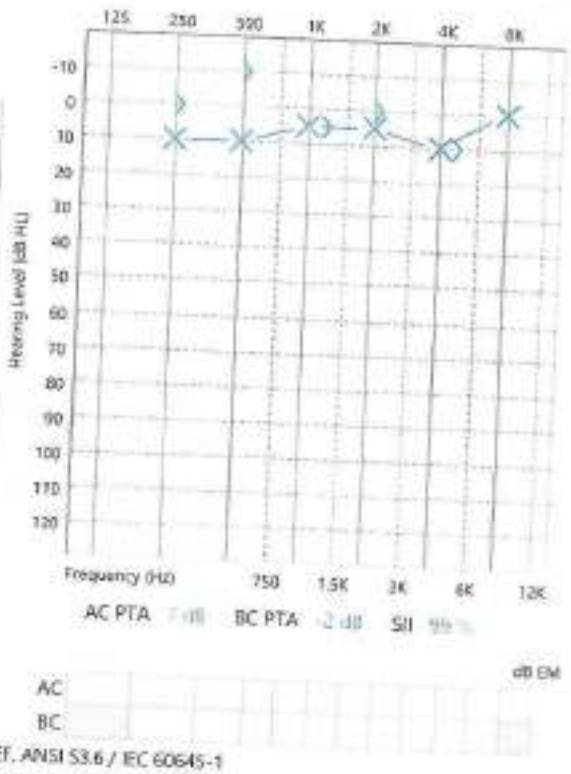
DD45



REF. ANSI S3.6 / IEC 60645-1

Audiogram Graph

DD45



REF. ANSI S3.6 / IEC 60645-1

Clinical Comments

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS.

Examiner: SRUTHI JINO

License Number: 16261

Signed By: SRUTHI JINO AUDIOLOGIST

Signed On Date: 08/08/2021

BADR NIZWA HOSPITAL L.L.C.

Headquarters:
CR. No. 1693888, P.B No. 443, P.C. 112,
Nizwa, Sultanate of Oman, Tel: +968 25439760, Fax: 25439765
Al Khuwair: 24488322 | Sohar: 26846660 | Al Khoud: 24534010

Fitness to Work Certificate

Employee Data			Date : 05.08.2024
Name : Nithin Prasad			Department/Company
I.D No : 114965678		Age :	Occupation :

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

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

Fit with no restrictions	
Fit with following restrictio s)	

The employee is fit for above following task(s)	*ork but should avoid the*	*Temporary restriction*	*Permanent restriction*
Work near moving machinery	r sharp edges		
Working at height			
Pulling, pushing, or carrying w ght over ____ Kg			
Ascend/descend ladders or sta			
Operate motor vehicles, forklif or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify) – Working Co litions (Extreme / Interir Clastc / Confi d Work Place / Noicy)			

Temporary Unfit until		
Permanently Unfit		Date
Name of health advisor	Signature : Date :	

FIT

Dr.DAMODARAM PRABHU MBBS,MD(INTERNAL MEDICINE) MOH # 9748

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

Appe dix 32: EX1 Form (Initial Examination Report)

INITIAL E AMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petr cum Development Oman
MEI CAL DEPARTMENT

PLEASE COM LETE YOUR PERSONAL DETAILS N BLOCK CAPITALS

Surname

Forenames : Nithin Prasad

Address

Home telephone number

Place of examination BADR AL S/ MAA | Date 08.08.20[illegible]

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

Forenames:

Birth date: 24.03.1995 | National y: | Country of birth: | Religion:

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

Reason for examination Pre-Employm t/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 HA - (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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever/other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	FOR WOMEN ONLY		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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		✓						

How much tobacco each day?

Average daily alcohol consumption

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

FAMILY HISTORY: Diabetes (✓) Tuberculosis (✓) Epilepsy ( ) Asthma (✓) Eczema (✓)
Heart disease (✓) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING ST TEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the est of my knowledge and belief and I agree that the result of this medical examination may be revealed to the Company if require 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 he right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 08.08.2024

Signature of Applicant:

FOR COMPLETION BY EXAMINING OCTOR OR NURSE
Further details of medical history and rec reational activities

BADR AL SAMAA HOSPITAL L.L.C NIZWA

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	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 Veins	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT / NEAR	Colour Vision	Blood Group
170	65	22.5	120/80	70/mins.	L R	R L R Uncorrected 6/6 6/6 N6 N6 Corrected	N	B+

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.)

Hyperuricemia - Advised treatment

ASSESSMENT: FIT

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

Date: Name (Block Capitals) Dr. DAMODAR M PRABHU MBBS, MD (INTERNAL MEDICINE) MOH # 9748

REVIEW/CONSULTATION

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

BADR AL SAMAA HOSPITAL L.L.C. NIZWA, SULTANATE OF OMAN
مستشفى بدر السماء


سلطنة عُمان
SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
114908678
06/07/2022
24/03/1997
الرقم المدني
تاريخ الانتهاء
تاريخ الميلاد
مكان الميلاد
الاسم
المهنة
ميكانيكي صيانة معدات صناعية


VEHICLE DRIVING LICENCE
CLASS
NOTE
NAME NITHIN PRASAD
NATIONALITY INDIAN
IDOM 114908678<<<<<<<<<<<<<<<
970 245M2209069IND<<<<<<<<<<<8
NIT IN<PRASAD<<<<<<<<<<<<<<


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