

Fitness to Work Certificate

Employee Data		Date : <u>31/1/21</u>	
Name : <u>GURNEET SINGH</u>		Department/Company	
I.D No : <u>115849009</u>	Age : <u>34 yrs</u>	Occupation : <u>Heavy Vehicle Driver</u>	
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	
<p>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.</p>			
<p>Fit with no restrictions</p>			
<p>Fit with following restriction(s)</p>			
<p><i>The employee is fit for above work but should avoid the following task(s)</i></p>		<p><i>Temporary restriction</i></p>	<p><i>Permanent restriction</i></p>
Work near moving machinery or sharp edges		FIT	FIT
Working at height		FIT	FIT
Puling, pushing, or carrying weight over ____ Kg		FIT	FIT
Ascend/descend ladders or stairs.		FIT	FIT
Operate motor vehicles, forklifts or heavy machinery		FIT	FIT
Use of a respirator		FIT	FIT
Repetitive twisting of valves or wrenches		FIT	FIT
Flying		FIT	FIT
<p>Other (Specify) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)</p>		FIT	FIT
<p>Temporary Unfit until</p>			
<p>Permanently Unfit</p>		Date	31/1/21
<p>Name of health advisor</p>		Signature	Date : <u>31/1/21</u>



Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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

Place of examination BADR AL SAMAA		Date 31/1/21	Surname GHURDDEET SINGH																																																																																																								
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			Address																																																																																																								
			Home telephone number																																																																																																								
If a dependant enter employee's name here:																																																																																																											
Surname:		Forenames:																																																																																																									
Birth date: 01.09.1980		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	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Relationship to employee																																																																																																							
				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																																																																																																									
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		(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.)																																																																																																											
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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: 31/1/21		Signature of Applicant: Dr. B. VENKATESH KUMAR																																																																																																									
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities																																																																																																											


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