تـرك عـمـان
TRUCKOMAN

Schlumberger

# Medical Fitness Certificate

Name of the Examined employee: BRAJ KISHOR MISHRA

Age: 51

ID NUMBER:

Job Title:

Date of Medical Examination: 28.08.2023

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

## Assessment Result:

## Fit to work without restrictions

*This Certificate is valid for 2 years from the date of medical examination*

Fitness Classifications:

- ✓ Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily of Definitely

**Restrictions List:**

**R1: Unfit to work offshore, on marine vessels and in remote locations.**
**R2: Unfit for Lifting and strenuous efforts.**
**R3: Unfit to work in certain countries, check with geomarkethealth advisor.**
**R4: Unfit to work in jobs requiring precise color vision.**
**R5: Unfit to work in job with high level of noise.**
**R6: Unfit to work in high risk of malaria countries.**
**R7: Unfit to work in extreme heat.**
**R8: Unfit to work in extreme cold.**
**R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.**
**R10: Unfit to work for a temporarily of time until further notice.**
**R11: Unfit to work in jobs requiring good visual acuity ( eg: driving company vehicle ).**
**R12: Fit only for defined period of time ( 1, 3 or 6 months ) and must be reassessed and fitness redefined.**
**R13: Unfit to drive company vehicle.**
**R14: Unfit to fly long haul flights.**
**R15: Unfit to work in heights and confined spaces.**

Examining Physician Stamp and signature

DR. LABEEB KIZHAKKECHELVEETTIL ABDU
GENERAL PRACTITIONER
MOH Licence No.: 22090
APOLLO HOSPITAL MUSCAT

Hospital/Clinic Seal

مستشفى ابولو مسقط
س.ت: ١٧٩٢٥٤٧
C.R : 1792547
P.O. Box : 1097
Postal Code : 131
Sultanate of Oman
APOLLO HOSPITAL MUSCAT

**Schlumberger**

# CONFIDENTIAL MEDICAL
## TO BE COMPLETED BY THE EMPLOYEE

| Med-check History Form | Name: | VIRAJ KISHOR MISHRA |
|---|---|---|
| | GIN # | 115829375 |
| Place of examination: Apollo Hospital | Date: 28/8/2023 | Mobile #: 9423232836 |
| Age: 51 | Nationality: INDIAN | Blood Group: A+ |
| ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Number of children: 4 |

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 | | ✓ | 46. Any gynaecological treatment | | |
| 16. Marked change in bowel habits | | ✓ | 36. Surgical operation | | ✓ | | | |
| 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? | Average daily alcohol consumption

Have you ever taken elicited drugs? ( )

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

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's Doctors, and the details sent to them by the examining Doctor.

Date:

Signature of Applicant: Viraj