Fitness to Work Certificate

Employee Data			Date : 12/11/2020
Name : RAKESH AYINIKKATT VELAYUDHAN			Department/Company
I.D No : 73450041	Age : 41yrs.		Occupation : Heavy vehicle driver

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

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			Yes
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			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs.			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specifiy) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			
Temporary Unfit until			
Permanently Unfit			**Date** 12/11/2020

FIT

Name of health advisor **Signature** **Date :** 12/11/2020

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

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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

Employee Data		Date: 12/11/2020
Name: RAKESH AYINIKKATT VELAYUDHAN		Department/Company:
I. D No. 7345006	Tel #	Occupation : Heavy vehicle driver.

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

FIT

1	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
2	as a passenger in the car for an hour without a break
2	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
2	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	7

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

Signature:_____ **Date:** 12/11/2020

BADR NIZWA CR No. 1163389/8 SULTANATE OF OMAN BADR AL SAMAA HOSPITAL L.L.C.

Dr.B.VENKATESH KUMAR
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