



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care



Organization Accredited
by JCI International
Badr Al Samaa Hospital, Ruwi & Al Khoud

#1577

MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME GIRISH THUVAKKAD RAMACHANDRAN

AGE/D.O.B	41 Y, 05.01.1979	DATE	02.01.2020
PASS/ID NO:	105916232	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	169 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	73 KG
HEART	NORMAL	BP	110/72 mmHg
LUNGS	NORMAL	PULSE	78/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	HIGH
HBa1C	9.10%
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	DLP
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
AUDIOGRAM	Normal hearing threshold with mild 4000Hz dip B/L
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 8.62%

COMMENTS *

To use adequate ear protection in high noise environment

T2DM - Since 5 months on Medicines- Advised for dose modification

CONCLUSION MEDICALLY FIT

FIT

DR. DAMODAR M PRABHU
MBBS, MD
INTERNIST
MOH. LB 0748



Headquarters:

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Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830

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Email: info@badroman.com

المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨، ص.ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخور : ٢٤٤٨٨٣٢٢ | صحار : ٢٨٤٦٦٠ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٧٧٧٧ | ملح : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

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

Surname

SIRISHA THUVAKKAD Ramakrishnan

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA**

Date 02/01/20

If a dependant enter employee's name here:

Surname:

Forenames:

Birth date:

Nationality:

Country of birth:

Religion:

☒ Male ☐ Female

☐ Married ☐ Single ☐ Separated /Divorced

Relationship to employee
☐ Wife ☐ Son ☐ Daughter

Number of children:

Reason for examination Pre-Employment 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 HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N	
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN:-			
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>		40. Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>		41. Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>		42. Treated for a mental condition, e.g. depression		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	43. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>	
6. Hayfever/other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>	44. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>	
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>	FOR WOMEN ONLY Have you ever had:-			
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>		45. An abnormal smear		
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>		46. Any gynaecological treatment		
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>		47. Are you pregnant?		
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>				
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>				
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>				
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>				
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>				
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>				
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>				
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>				
20. Lump in breast/armpit		<input checked="" type="checkbox"/>							

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 STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

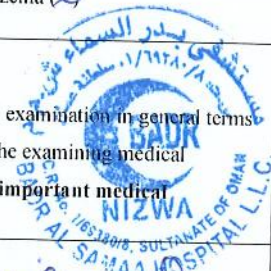
I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 02/01/20

Signature of Applicant: /

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A										
<input checked="" type="checkbox"/>		1. Eyes & Pupils ✓		Blind / Reactive							
<input checked="" type="checkbox"/>		2. E.N.T. ✓									
<input checked="" type="checkbox"/>		3. Teeth & Mouth ✓		mm Sh @ No murmur							
<input checked="" type="checkbox"/>		4. Lungs & Chest									
<input checked="" type="checkbox"/>		5. Cardiovascular System		Soft, M @ normal							
<input checked="" type="checkbox"/>		6. Abdo. Viscera									
<input checked="" type="checkbox"/>		7. Hernial Orifices		Normal							
<input checked="" type="checkbox"/>		8. Anus & Rectum									
<input checked="" type="checkbox"/>		9. Genito-urinary		Normal							
<input checked="" type="checkbox"/>		10. Extremities									
<input checked="" type="checkbox"/>		11. Musculo-skeletal		Normal							
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.									
<input checked="" type="checkbox"/>		13. C.N.S.		normal normal							
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
169	73.5	25.7	110 / 72	78 mins.	L ✓ R ✓	DISTANT	NEAR	R L R L			
						Uncorrected	Corrected	6/6 6/6 N6 N6	(N)	AT	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
<input checked="" type="checkbox"/>		1. Urinalysis				<input checked="" type="checkbox"/>		7. Audiogram			
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR						8. Lung Function			
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS						9. Chest X-Ray			
<input checked="" type="checkbox"/>		4. Drug Screen						10. ECG			
<input checked="" type="checkbox"/>		5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above			
<input checked="" type="checkbox"/>		6. Sick Cell test						12. HIV, Hepatitis screening			
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)											
Term x 5 months on OHA.											
FIT											
ASSESSMENT:											
FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>											
Date: 02/01/20 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 02/01/20 Name (Block Capitals): Dr. / Nurse Signature: <div style="float: right; text-align: right;"> Dr. SAJD . V MBBS, DLO ENT SPECIALIST PHONE NO : 9019 </div>											


VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

