

Medical Fitness Certificate

Name of the Examined employee: QAISAR MEHMOOD

Age: 41

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 or 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



Hospital/Clinic Seal



CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med-check History Form		Name:	CAISAR Mahmood				
		GIN #	6911				
Place of examination	Date	Mobile #	79342842				
Age: 41	Nationality: Pakistani	Blood Group					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Number of children: 3					
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)							
1. Sinus trouble	Y	N	21. Cancer	Y	N	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/brechitis			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? ()							
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: 28/8/2023		Signature of Applicant: 					