

## MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

**NAME** **SATNAM SINGH**

AGE/D.O.B	42 Y,23.10.1978	DATE	05.04.2021
PASS/ID NO:	10692222	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	180 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	74 KG
HEART	NORMAL	BP	130/76 mmHg
LUNGS	NORMAL	PULSE	58/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL
<b>INVESTIGATIONS</b>			
FBS	NORMAL		
BLOOD GROUP	O POSITIVE		
HAEMOGGRAM	NORMAL		
LFT	NORMAL		
RFT	NORMAL		
LIPID PROFILE	NORMAL		
SICKLING TEST	NEGATIVE		
URINE ROUTINE	NORMAL		
ECG	SINUS BRADYCARDIA		
AUDIOGRAM	Normal hearing threshold with minimal dip at 4000Hz B/L		
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 1.4%		

**COMMENTS** \* To use adequate ear protection in high noise environment

### CONCLUSION **MEDICALLY FIT**

Signature: .....

  
**Dr. B. VENKATESH KUMAR**  
CARDIOLOGIST  
MOH NO#14581



**FIT**

Headquarters:  
CR. No. 1693808, P.B No. 443, P.C. 112,  
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

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

Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131

Email: info@badroman.com

المقر الرئيسي :

س.ت. ٦٩٨٨، ص.ب: ٤٤٣، الرمز البريد: ١٢

روي سلطنة عمان، هانف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥

الخوب: ٢٤٤٨٨٣٢٢، ص: ٢٧٨٤٧٦٠، الشويف: ٢٤٥٦١٩٩، ص: ٢٣٩٨١٣

بركاء: ٢٤٦٤٩٣٢٢، صور: ٢٥٤٤٧٧٧٧، ص: ٢٥٤٤٧٧٧٧، فل: ٢٦٧٥١٣١

البريد الإلكتروني: info@badroman.com

### Fitness to Work Certificate

Employee Data		Date : <u>3/4/21</u>	
Name : <u>SATNAM SINGH</u>		Department/Company	
I.D No : <u>106922222</u>	Age : <u>40yrs</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><b>Health Advisor Statement:</b> 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><b>Fit with no restrictions</b></p>			
<p><b>Fit with following restriction(s)</b></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>
<p>Work near moving machinery or sharp edges</p>			
<p>Working at height</p>			
<p>Puling, pushing, or carrying weight over ____ Kg</p>			
<p>Ascend/descend ladders or stairs.</p>			
<p>Operate motor vehicles, forklifts or heavy machinery</p>			
<p>Use of a respirator</p>			
<p>Repetitive twisting of valves or wrenches</p>			
<p>Flying</p>			
<p>Other (Specify) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy )</p>			
<p><b>Temporary Unfit until</b></p>			
<p>Permanently Unfit</p>		<p>Date : <u>3/4/21</u></p>	
<p>Name of health advisor</p>		<p>Signature</p>	
<p style="text-align: right;"><i>Dr.B.VENKATESH KUMAR</i></p>		<p style="text-align: right;"><i>CARDIOLOGIST</i></p>	
<p style="text-align: right;"><i>MOH NO#14581</i></p>		<p style="text-align: right;"><i>3/4/21</i></p>	


  
*Dr.B.VENKATESH KUMAR*  
*CARDIOLOGIST*  
*MOH NO#14581*



**Appendix 32: EX1 Form (Initial Examination Report)**

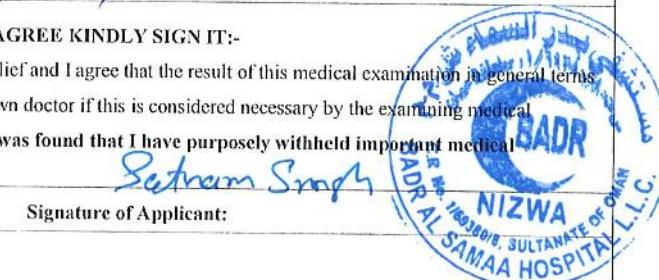
**INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**



Petroleum Development Oman  
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination <b>BADR AL SAMAA</b>		Date <b>3/4/21</b>	Surname <b>SATNAM SINGH</b>																																																																																																																																																																	
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			Home telephone number																																																																																																																																																																	
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<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<b>Relationship to employee</b> <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																																																																																																																																	
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Pre-Overseas Area: <input type="checkbox"/>																																																																																																																																																																				
Name and address of family doctor		List your last 3 jobs (1) (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: <b>3/4/21</b>		Signature of Applicant: <b>Satnam Singh</b>																																																																																																																																																																		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities																																																																																																																																																																				



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