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

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	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

SEAL

BADR AL SAMAA HOSPITAL L.L.C. NIZWA C.R No. 1/693808/8, SULTANATE OF OMAN

FIT

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 SATNAM SINGH	
Forenames :	
Address	
Home telephone number	

Place of examination **BADR AL SAMAA** Date 3/4/21

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 25.07.1979 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		✓	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		✓	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/bronchitis		✓	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? Nil Average daily alcohol consumption Nil

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: 3/4/21 **Signature of Applicant:** Satnam Singh

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

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		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	
		10. Extremities	
		11. Musculo-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
180	74.1	22.9	130/80	58/mins.	L R	Uncorrected 6/6	6/6	N6	mm	(N)	O+
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG Sinus Bradycardia
✓		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:

FIT ALL AREAS ☑ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT** ☐

FIT

Date: 3/4/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 3/4/21 Name (Block Capitals): Dr. / Nurse Signature:

مستشفى بدر السماء ش.م.م
BADR AL SAMAA HOSPITAL L.L.C.
C.R No. 1/69380/8, SULTANATE OF OMAN
BADR
NIZWA

DR. B. VENKATESH KUMAR
CARDIOLOGIST
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