MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**FAKHAR HUSSAIN**		
AGE/D.O.B	38 Y,15.11.1990	**DATE**	03.06.2021
PASS/ID NO:	105652412	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	162 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	60 KG
HEART	NORMAL	**BP**	150/90 mmHg
LUNGS	NORMAL	**PULSE**	72/ Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O NEGATIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold at low frequencies with sloping to high frequency moderate dip at 4000Hz B/L.

COMMENTS

* To use adequate ear protection in high noise environment
* DLP- Advised lifestyle modification
* SHT (not on regular medication)
* Started on medication & to continue regularly and to monitor BP periodically

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA HOSPITAL L.L.C. C.R No. 1693808, SULTANATE OF OMAN BADR NIZWA

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 FAKHAR HUSSAIN

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** Date 3/6/21

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

Birth date: 15-11-1990 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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis			25. High blood pressure	✓				
6. Hayfever/other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy			45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits-		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? (1-2 day / Cig) 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: 3/6/21 **Signature of Applicant:** Fak

BADR AL SAMAA HOSPITAL L.L.C. CR No. 1169360/8, SULTANATE OF OMAN BADR NIZWA

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

Asthma – Teens

STAT

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		Normal no fracture
		1. Eyes & Pupils	
		2. E.N.T.	ear nose throat - normal
		3. Teeth & Mouth	
		4. Lungs & Chest	norm
		5. Cardiovascular System	S1 S2 (+) no murmur
		6. Abdo. Viscera	soft, no (+)
		7. Hernial Orifices	norm
		8. Anus & Rectum	norm
		9. Genito-urinary	norm
		10. Extremities	norm
		11. Musculo-skeletal	norm
		12. Skin & Varicose Vns.	norm
		13. C.N.S.	norm

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
162	60.5	23.1	150/90	72/mins.	L. R.	Uncorrected 6/6 6/6	N6 N6	(N)	O-
						Corrected			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram Bilateral hearing sensitivity normal sloping to high frequencies with dip @ 4KHz
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
	✓	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.) SHT x Adv. Regular medication

OP - Advised lifestyle modification

ASSESSMENT:

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

Date: 3/6/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 3/6/21 Name (Block Capitals): Dr. / Nurse Signature:

Take ear protections in noisy environment

Dr. SAJILA P.P
MBBS., DNB (ENT)., DLO.
Specialist Ent Surgeon
MOH Lic No.: 18387

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA, SULTANATE OF OMAN
مستشفى بدر السماء ش.م.م