مجموعة مستشفيات ومستوصفات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare ...Humane Care

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**BALRAJ SINGH**		
AGE/D.O.B	48 Y,10.03.1973	**DATE**	04.04.2021
PASS/ID NO:	114780557	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	173 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	92 KG
HEART	NORMAL	**BP**	126/80 mmHg
LUNGS	NORMAL	**PULSE**	84/ Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	ELEVATED	**PPBS**	NORMAL
HbA1c	9.90%		
BLOOD GROUP	O POSITIVE		
HAEMOGRAM	NORMAL		
LFT	NORMAL		
RFT	NORMAL		
LIPID PROFILE	NORMAL		
SICKLING TEST	NEGATIVE		
URINE ROUTINE	SUGAR (++)		
ECG	NORMAL		
AUDIOGRAM	Normal hearing threshold with mild to CHL in Rt ear		
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 3.8%		

COMMENTS

* To use adequate ear protection in high noise environment
* Dosage of OHA hiked
* To repeat FBS & PPBS after 2 weeks

CONCLUSION **MEDICALLY FIT**

FIT

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

SEAL

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

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المقر الرئيسي :
س.ت : ١٦٩٣٨٠٨، ص . ب ٤٤٣، الرمز البريدي : ١١٢
روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧١٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٦٦٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩٠٠ | صور : ٢٥٥٤٦١١٢ | الرستاق : ٢٦٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
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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: [illegible] Singh

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 04/04/24

If a dependant enter employee's name here:

Surname: | Forenames:

Birth date: 10.03.199[illegible] | 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? Nil | Average daily alcohol consumption Very rarely

Have you ever taken elicited drugs? (N) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (N) Tuberculosis (No) Epilepsy (N) Asthma (N) Eczema (No)

Heart disease (N) High blood pressure (No) Stroke (No) Blood Disease (N) Cancer (No)

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: 04/04/24 **Signature of Applicant:** [signature]

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

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

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH 40014581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	ear → (R) side central perforation (+), (L) TM → normal; Nose & throat → normal
		3. Teeth & Mouth	
		4. Lungs & Chest	NVBS
		5. Cardiovascular System	S1 S2 (+) No murmur
		6. Abdo. Viscera	Soft, BS (+)
		7. Hernial Orifices	normal
		8. Anus & Rectum	normal
		9. Genito-urinary	normal
		10. Extremities	normal
		11. Musculo-skeletal	normal
		12. Skin & Varicose Vns.	normal
		13. C.N.S.	NFND

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT / NEAR	Colour Vision	Blood Group
173	92	30.7	126/80	84 /mins.	L / R	Uncorrected: R 6/6, L 6/6; Near R N6, L N6. Corrected:	(N)	O+ve

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis			7. Audiogram — Right side → normal to mild CHL; (L) side → normal hearing
✓		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.)

Newly detected T2DM - Need to start medications
To repeat FBS & PPBS after 2weeks.

ASSESSMENT:

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

Date: 04/04/21 Name (Block Capitals): Dr. / Nurse Signature: FIT

REVIEW/CONSULTATION

Date: 04/04/21 Name (Block Capitals): Dr. / Nurse Signature:

Keep right ear dry.

Dr. SAHLA P.P
MBBS, DNB (ENT), MO
Specialist Ent Surgeon
MOH Lic No.: 13392

Dr. VENKAT...
CARDIOLOGIST
MOH NO...

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