MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME	BABU NANOTH		
AGE/D.O.B	59 Y , 04.07.1961	DATE	29.03.2021
PASS/ID NO:	70758107	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	172 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	85 KG
HEART	NORMAL	BP	130/90 mmHg
LUNGS	NORMAL	PULSE	84/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

RBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	DLP
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	NEGATIVE FOR STRESS INDUCES ISCHEMIA
AUDIOGRAM	Normal hearing threshold with mild dip at 4000Hz B/L
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 13.3

COMMENTS
* To use adequate ear protection in high noise environment
* Known HTN on medication since 5 years
* DLP- Advised lifestyle modification

CONCLUSION MEDICALLY FIT

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA HOSPITAL L.L.C. NIZWA C.R No. 1693808/8, SULTANATE OF OMAN

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المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | إزوى : ٢٥٥٤٧٧٧٧ | فلج : ٢٦٧٠٤١٣١
البريد الإلكتروني info@badroman.com

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	BABU NAIKOTH
Forenames :	
Address	
Home telephone number	

Place of examination **BADR AL SAMAA** | Date 29/3/21

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

Birth date: 04.07.1960 | 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 (90 ml / 5 days)

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: 29/3/21 **Signature of Applicant:**

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

HTN ✓ on medication ✓ 5 yrs

Dr B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. C.R. No. 1169... SULTANATE OF OMAN BADR NIZWA

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
172	85.7	29	130/90	84/mins.

HEARING	VISION				Colour Vision	Blood Group
	DISTANT		NEAR			
	R	L	R	L		
L						
R	Uncorrected	6/6	6/6	N6	N6	(N)	O+
	Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TMT - negative for Stress Induced Ischemia.		7. Audiogram
✓		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 ✕ Syr ✕ on Amlo-5

AP - Advised lifestyle modification

ASSESSMENT:

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

FIT

Date: 24/3/22 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 24/3/22 Name (Block Capitals): Dr. / Nurse Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA