



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care



Organization Accredited
by JCI International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME		KALLINGAL SAHAJAN SAJEEV	
AGE/D.O.B	41 Y,02.05.1980	DATE	26.04.2021
PASS/ID NO:	69314144	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	167 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	88 KG
HEART	NORMAL	BP	144/92 mmHg
LUNGS	NORMAL	PULSE	88/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	NORMAL
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
ECG	NORMAL
AUDIOGRAM	Normal hearing threshold with dip at 4000Hz B/L
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 0.8%

COMMENTS * To use adequate ear protection in high noise environment
* Known T2DM /SHT /DLP on medication since 1 year

CONCLUSION MEDICALLY FIT

Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



SEAL



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. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخور : ٢٤٤٨٣٢٢ | صحار : ٢٤٨٤٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧ | فلج : ٢٦٥٤١٣١

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 <u>Karungu</u>		Forenames : <u>SATAN SUTARV</u>	
Address			
Home telephone number			
Place of examination BADR AL SAMAA	Date <u>26/04/21</u>		
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>02-05-1980</u>	Nationality: <u>Indian</u>	Country of birth:	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination Pre-Employment Job: <input type="checkbox"/>			Number of children:
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.)			
	Y	N	
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure
6. Hayfever/other significant allergy		<input checked="" type="checkbox"/>	26. Stroke
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights
20. Lump in breast/armpit		<input checked="" type="checkbox"/>	
HAVE YOU EVER BEEN:-			
		40. Rejected for employment or insurance for medical reasons	
		41. Awarded benefits for industrial injury/illness	
		42. Treated for a mental condition, e.g. depression	
		43. Treated for problem drinking or drug abuse	
		44. Exposed to toxic substance or noise	
FOR WOMEN ONLY			
		45. An abnormal smear	
		46. Any gynaecological treatment	
		47. Are you pregnant?	
		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? <u>Nil</u>		Average daily alcohol consumption <u>once a week - 90ml/week</u>	
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: <u>26/04/21</u>		Signature of Applicant: <u>[Signature]</u>	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE			
Further details of medical history and recreational activities			

SAT x 1yr - Amblo 5 107
T2m x 1yr - Seminar-m 507
Dep - Rosuman x 1yr - 507.

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.	ear, nose & throat - normal
		3. Teeth & Mouth	
		4. Lungs & Chest	Normal
		5. Cardiovascular System	Sh @ No murmur
		6. Abdo. Viscera	Soft, M @
		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.	Normal

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
167	88.1	31.6	144/92	88 /mins.	L R	DISTANT NEAR Uncorrected Corrected	(2)	B+

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
✓		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: T2m 3Hr Dep } Also on Regular medication x 1yr.

ASSESSMENT:

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

Date: 26/04/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 26/04/21 Name (Block Capitals): Dr. / Nurse Signature:

Take adequate ear protection
in noisy environment

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

