



مجموعة مستشفيات ومستوصفات بدر الساماء

**BADR AL SAMAA**

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

#1861



Organization Accredited  
By JCI Commission International  
Badr Al Samaa Hospital, Muscat & Al Khoud

## MEDICAL CERTIFICATE FOR PDO

NAME

MUKHTAR SINGH

AGE/D.O.B

53 Y,11.04.1968

DATE

09.09.2021

PASS/ID NO:

62439026

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

168CM

LT-EYE

6/6 WITHOUT GLASSES

WEIGHT

85 KG

HEART

NORMAL

BP

150/100 mmHg

LUNGS

NORMAL

PULSE

76/Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

NORMAL

### INVESTIGATIONS

FBS

ELEVATED

GHb

Fair diabetes control

BLOOD GROUP

O POSITIVE

HAEMOGRAM

NORMAL

LFT

NORMAL

RFT

NORMAL

LIPID PROFILE

NORMAL

SICKLING TEST

NEGATIVE

URE

NORMAL

AUDIOGRAM

Normal hearing threshold with mil HL at HF

ECG

NORMAL

TMT

NEGATIVE STRESS INDUCED ISCHEMIA

FRAMINGHAM SCORE

Probability of developing cardiovascular disease in next 10 years is 6.1%

COMMENTS

\*

Newly Detected DM - Started oral treatment.

\*

To use adequate ear protection in high noise environment

**CONCLUSION :**

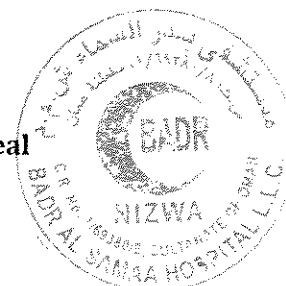
**MEDICALLY FIT**

**FIT**

Signature:

Signature of Mukhtar Singh  
Internist  
BADR AL SAMAA HOSPITAL

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

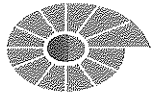
الكوبر : ٢٤٤٨٨٣٢٢ | صحار : ٢٣٨٤٦٠٩٩ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٧١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فج : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

## Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

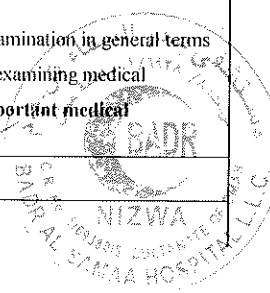


**Petroleum Development Oman  
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination <b>BADR AL SAMAA</b> Date: _____		Surname	
		Forenames :	
		Address	
		Home telephone number	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	Nationality:	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	Number of children:
Reason for examination Pre-Employment Job: <input type="checkbox"/>			
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	Y   N
1. Sinus trouble			21. Cancer
2. Neck swelling/glands			22. Heart Disease
3. Difficulty in vision			23. Rheumatic fever
4. Any ear discharge			24. Abnormal heartbeat
5. Asthma/bronchitis			25. High blood pressure
6. Hayfever/other significant allergy			26. Stroke
7. Any skin trouble			27. Serious chest pain
8. Tuberculosis			28. Any blood disease
9. Shortness of breath			29. Kidney disease
10. Coughed/vomited blood			30. Blood in urine
11. Severe abdominal pain			31. Diabetes
12. Stomach ulcer			32. Headaches/migraine
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?		Average daily alcohol consumption	
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 ( )			
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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:		Signature of Applicant:	

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



MUKHTAR														
N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION										
N	A													
✓		1. Eyes & Pupils		N										
✓		2. E.N.T.		N										
✓		3. Teeth & Mouth		N										
✓		4. Lungs & Chest		N										
✓		5. Cardiovascular System		N										
✓		6. Abdo. Viscera		N										
✓		7. Hernial Orifices		N										
✓		8. Anus & Rectum		N										
✓		9. Genito-urinary		N										
✓		10. Extremities		N										
✓		11. Musculo-skeletal		N										
✓		12. Skin & Varicose Vns.		N										
✓		13. C.N.S.		N										
HEIGHT cm		WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected		Colour Vision	Blood Group				
168		85		150 100	76		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">+</td> <td style="text-align: center;">+</td> </tr> </table>		R	L	+	+		
R	L													
+	+													
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A							
		Tm - Negative for Stem Garden Schistosoma DR. VENKATESH KUMAR MBBS, PGCC CARDIOLOGIST MOH LIC NO 14581						7. Audiogram						
						8. Lung Function								
						9. Chest X-Ray								
						10. ECG								
						11. CVS risk for 40 yrs. & above								
						12. HIV, Hepatitis screening								
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)														
ASSESSMENT: FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">hypertension start treatment</div>														
REVIEW/CONSULTATION <div style="text-align: center; font-size: 2em; font-weight: bold; border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;">FIT</div>														
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____														

DR. AMMAR ABED AL-SAMAA  
 INTERNIST & GENERAL PRACTITIONER  
 SPECIALIST  
 MOH LIC NO 11000  
 BADR AL-SAMAA HOSPITAL LLC

