

## 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
HAEMOGRAHM	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 ISCHEAMIA
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 :** **MDICALLY FIT**

Signature:.....

THE

**Headquarters:**

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Digitized by srujanika@gmail.com

س.ت: ٨٧٩٤٣، ص.ب: ٤٤٣، الرمز البريد: ٦٦٢

رروي سلطنة عمان. هاتف: ٩٦٨٩٩٧٦٥، فاكس: ٩٦٨٩٩٧٦٠

الأخوة: ٢٢٤٤٨٨٣٢٢ | صغار: ٢٠٢٤٦٧٩٩ | الكومندوس: ٢٠٢٤٧٩٦٨٣

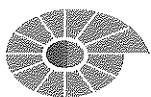
برکاء: ۰۰۵۴۹۰| صور: ۰۰۸۸۴۹| مطلع: ۰۰۳۳۷۷۷۷| نزوى: ۰۰۳۳۷۷۷۷

البريد الإلكتروني: info@badroman.com

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

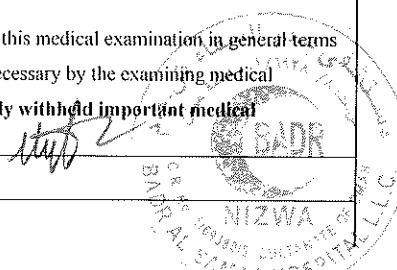
**INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**



**Petroleum Development Oman  
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

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	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Relationship to employee				
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.)							
1. Sinus trouble	Y	N	21. Cancer	Y	N	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?			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 ( )							
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:		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 <u>o</u> 1.										
✓	2. E.N.T.		N <u>o</u> 1.										
✓	3. Teeth & Mouth		N <u>o</u> 1.										
✓	4. Lungs & Chest		N <u>o</u> 1.										
✓	5. Cardiovascular System		N <u>o</u> 1.										
✓	6. Abdo. Viscera		N <u>o</u> 1.										
✓	7. Hernial Orifices		N <u>o</u> 1.										
✓	8. Anus & Rectum		N <u>o</u> 1.										
✓	9. Genito-urinary		N <u>o</u> 1.										
✓	10. Extremities		N <u>o</u> 1.										
✓	11. Musculo-skeletal		N <u>o</u> 1.										
✓	12. Skin & Varicose Vns.		N <u>o</u> 1.										
✓	13. C.N.S.		N <u>o</u> 1.										
HEIGHT cm		WEIGHT kg	BMI	B.P. 150 100	PULSE /mins. 76	HEARING L R	DISTANT Uncorrected Corrected	VISION NEAR R L R L				Colour Vision	Blood Group
168	85												
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A			
	1. Urinalysis				<i>TM - Negative for Gout Gout Semen Semen</i> <small>Dr. VENKATESH KUMAR MESS. PGCC CARDIOLOGIST MOP 14581</small>				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:													
FIT ALL AREAS		<input checked="" type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT		<input type="checkbox"/>					
<i>hypertension start treatment</i>													
Date:	Name (Block Capitals): Dr. / Nurse				Signature:								
REVIEW/CONSULTATION													
Date:	Name (Block Capitals): Dr. / Nurse				Signature:								

Dr. AMMAR KOOB M.B.B.S.  
REPRODUCTIVE & GENITAL  
SPECIALIST  
MOH LIV BLD 1000A  
1 BAFU M. SAMAA HOSPITAL & CLINIC

