MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME	**LEVI MAMPILLY**		
AGE/D.O.B	**53 Y ,25.05.1967**	**DATE**	**25.04.2021**
PASS/ID NO:	**77290936**	**GENDER**	**MALE**
VISION-RT-EYE	**6/6 WITHOUT GLASSES**	**HEIGHT**	**174 CM**
LT-EYE	**6/6 WITHOUT GLASSES**	**WEIGHT**	**72 KG**
HEART	**NORMAL**	**BP**	**122/78 mmHg**
LUNGS	**NORMAL**	**PULSE**	**80/Min**
ABDOMEN	**NORMAL**	**CNS**	**NORMAL**
SKIN	**NORMAL**	**ENT**	**NORMAL**

INVESTIGATIONS

RBS	**NORMAL**
BLOOD GROUP	**A POSITIVE**
HAEMOGRAM	**NORMAL**
LIPIDPROFILE	**DLP**
RFT	**NORMAL**
LFT	**NORMAL**
SICKLING TEST	**NEGATIVE**
URE	**NORMAL**
ECG	**NORMAL**
TMT	**NEGATIVE FOR STRESS INDUCED ISCHEMIA**
AUDIOGRAM	**Normal hearing threshold with mild dip at 4000Hz B/L**
FRAMINGHAM REPORT	**Probability of developing cardiovascular disease in next 10 years is 6.8 %**

COMMENTS

* **To use adequate ear protection in high noise environment**
* **DLP- Advised lifestyle modification**

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

مستشفى بدر السماء ش.م.م
BADR
NIZWA
CR No. 1693808/8 SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

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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
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : 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

Surname LIEW NYANTPILLAY

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 25/4/21

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

Birth date: 25.05.1967 | 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 Occasional

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: 25/4/21 **Signature of Applicant:**

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

Normal - Term

BADR AL SAMAA HOSPITAL L.L.C. C.R. No. 1169380/8, SULTANATE OF OMAN NIZWA

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.	
		3. Teeth & Mouth	
		4. Lungs & Chest	Normal
		5. Cardiovascular System	S1 S2 (+), No murmur
		6. Abdo. Viscera	P/P. Soft (-)
		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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
174	72.1	23.8	122/78	80/mins.	L R	Uncorrected 6/6 Corrected	6/6	N6	N6	O	A+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TMT - Negative for Ischemia			7. Audiogram Bilateral hearing sensitivity essentially within normal limits with mild dip @ 4 kHz
✓		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.)

DLP - advised lifestyle modification

ASSESSMENT:

FIT

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

Date: 25/4/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 25/4/21 Name (Block Capitals): Dr. / Nurse Signature:

Take ear precaution in noisy environment

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Dr. SHEELA P.P
MBBS., DNB (ENT)., DLO.
Specialist Ent Surgeon
MOH Lic No.: 18387

BADR AL SAMAA HOSPITAL L.L.C. NIZWA