Medical Certificate – Fitness to Work

Declaration by examining Health Care Professional

I ....DR Atma S Raj..... who resides and works

in Badr Al Samaa Hospital have examined and / or assessed the report of the Following employee prior to employment.

Client Name: Rathoosh Kumar Padmakaran

PDO Company:

This certificate of fitness is valid for a period of **two years** from the date below.

The Client is:

A - Fit for employment.

B - Unfit for employment.

Health Care Professional: DR Atma S Raj

Dr. ATMA S RAJ
MBBS, MD
INTERNAL MEDICINE
MOH Lic No.: 17995

Signature:

Date: 3/02/2020

Company stamp:

BADR Al-Khoud C.R. No. 1093606 BADR AL-SAMAA HOSPITAL

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	PADMAKARAN
Forenames	RATHEESH KUMAR
Address	
Home Telephone Number	78234066

Place of examination: BADR AL SAMAA HOSPITAL, AL KHOUD BRANCH — Date:- 03 /02 / 2020

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date 25 / 05 / 1973	Nationality INDIAN	Country of birth INDIA	Religion HINDU
[✓] Male [ ] Single [ ] Widow (er)	Relationship to employee [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee		Number of Children
[ ] Female [✓] Married [ ] Divorced/ Separated			
Reason for examination [ ] Pre-employment [ ] Pre-overseas	Job:- Area:-		

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			
9. Shortness of breath		✓	30. Painful passage of urine		✓	**FOR WOMEN ONLY**		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓	46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological Treatment		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓	48. Are you pregnant?		
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓			
18. Marked change in weight		✓	39. Tropical disease		✓			
19. Varicose veins		✓	40. Fear of heights		✓			
20. Lump in breast/armpit		✓	**HAVE YOU EVER BEEN:-**					
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons		✓			

How much tobacco each day? ✓ Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]
Heart disease [ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare 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.

Date: 03.02.2020 Signature of applicant:

BADR Al-Khoud

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

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A	
✓		1. Eyes & Pupils
✓		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.
✓		14.Breasts

HEIGHT	WEIGHT	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
cm 165	kg 77.5	130/80 mmHG	60/Mints	L 21.6 R 16.6	Uncorrected	6/12	6/12	N8	N8	PRESENT	
					Corrected	6/6	6/6	N6	N6		

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		6. Audiogram
✓		2. Hb Blood count ESR	N/A			7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
		4. Stool	N/A			9. Drug Screen
✓		5. E.C.G.	N/A			10. CR Screen = Country Request (e.g. H.I.V.)

OTHER FINDINGS (Physique, scars, disabilities, mental stability etc.)

MILD ELEVATION OF FBS, SGPT AND SGOT

ASSESSMENT

☑ FIT ALL AREAS ☐ FIT HOME SERVICE ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

03.02.2020
Date

Signature

DR ATMA S RAJ
Name (Block Capitals)

Dr. ATMA S RAJ
MBBS, MD
INTERNAL MEDICINE
MOH Lic No. [illegible]
Doctor/Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor/Sister

BADR Al-Khoud HOSPITAL C.R. No. 1693888