MEDICAL FITNESS FORM

TRUCK OMAN FOR PDO MEDICAL

NAME:	YAHYA SALEH SAIF AL DIGHAISHI	DATE:	18.02.2020
DOB/ SEX:	24.01.1983/ MALE	MRN NO:	7161654
VISION RT-EYE:	6/6P N6	HEIGHT:	174 CM
VISION LT-EYE:	6/6P N6	WEIGHT:	94 KG
HEART:	NORMAL	BP:	120/80mmHG
LUNGS:	NORMAL	PULSE:	52/Mins
ABDOMEN:	NORMAL	CNS:	NORMAL
SKIN:	NORMAL	ENT	NORMAL

INVESTIGATIONS:

CBC/ ESR	MILD ELEVATION OF ESR
URINE ANALYSIS:	NORMAL
FBS/RBS	NORMAL
LFT,RFT	HYPERURICEMIA
AUDIOMETRY:	B/L NORMAL HEARING
CHEST X RAY:	NORMAL
ECG:	BRADYCARDIA

COMMENTS: MEDICALLY FIT

Doctor's Signature: .....

Dr. NAVEEN NAZIRUDEEN
M.B.B.S, DNB (Gen. Medicine)
INTERNIST
MOH Licence # 12638

BADR AL-SAMAA HOSPITAL Al-Khoud C.R. No. 1693808

Medical Certificate – Fitness to Work

Declaration by examining Health Care Professional

I ..DR. Naveen Nanjirudeen.... who resides and works

in Badr Al Samaa. have examined and / or assessed the report of the Hospital

Following employee prior to employment.

Client Name: Yahya Saleh Saif Al Dighaishi

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. Naveen Nanjirudeen

Signature:

Date: 19/02/2020

Dr. NAVEEN NAZIRUDEEN
M.B.B.S, DNB (Gen. Medicine)
INTERNIST
MOH Licence # 12638

Company stamp:

BADR AL-SAMAA HOSPITAL
C.R. No.: 1/69380/8
BADR
AL-KHOUD

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	SAIF AL DIGHASHI
Forenames	YAHYA SALEH
Address	
Home Telephone Number	99775973

Place of examination: BADR AL SAMAA HOSPITAL, AL KHOUD BRANCH — Date:- 18 / 02 / 2020

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

Birth date	Nationality	Country of birth	Religion
24 / 01 / 1983	OMANI	OMAN	ISLAM

[✓] Male [ ] Single [ ] Widow (er)
[ ] Female [✓] Married [ ] Divorced/ Separated

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee

Number of Children:

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

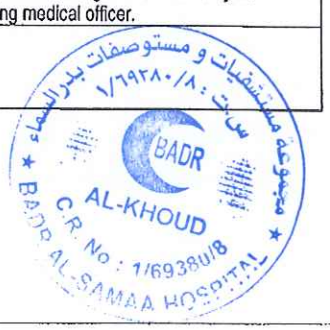
How much tobacco each day? ✓ — Average daily alcohol consumption

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: 18.02.2020 Signature of applicant:



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	REPORT ATTACHED
✓		2. E.N.T.	REPORT ATTACHED
✓		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 174	kg 94	120/80 mmHG	52/Mints	L 20dBHL R45dBHL	Uncorrected	6/6P	6/6P	N6	N6	PRESENT	
					Corrected						

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 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.)

HYPERTENSIVE

ASSESSMENT

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

Dr. NAVEEN NAZIRUDEEN
M.B.B.S, DNB (Gen. Medicine)
INTERNIST
MOH Licence # 12638

18.02.2020 DR NAVEEN NAZIRUDEEN

Date Signature Name (Block Capitals) Doctor/Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor/Sister

BADR AL-SAMAA HOSPITAL
AL-KHOUD
C.R. No : 1/6938018
BADR