



مجموعة مستشفيات ومستوصفات بدر الساماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care



Organization Accredited
by Joint Commission International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME

SHIVA RAJU GEEDA

AGE/D.O.B

49 Y, 22.06.1972

DATE

23.09.2021

PASS/ID NO:

81255389

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

163 KG

LT-EYE

6/6 WITHOUT GLASSES

WEIGHT

76 KG

HEART

NORMAL

BP

124/88 mmHg

LUNGS

NORMAL

PULSE

58/Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

NORMAL

INVESTIGATIONS

FBS

NORMAL

BLOOD GROUP

B POSITIVE

HAEMOGRAM

NORMAL

LIPIDPROFILE

NORMAL

RFT

NORMAL

LFT

NORMAL

SICKLING TEST

NEGATIVE

URE

NORMAL

ECG

Sinus Bradycardia

AUDIOGRAM

NORMAL AUDIOMETRIC THRESHOLD

FRAMINGHAM SCORE

Probability of developing cardiovascular disease in next 10 years is 1.2%

CONCLUSION

MEDICALLY FIT

Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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 : 25446112 | 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

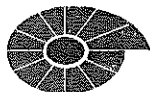
الضویر : ٢٤٤٨٨٣٢٢ | صحار : ٢٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | الروی : ٢٥٤٧٧٧٧ | فالج : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

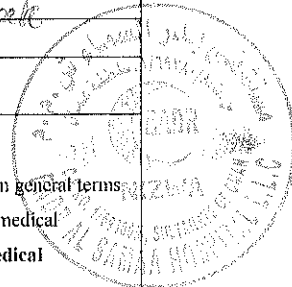


**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination BADR AL SAMAA Date 23/9/11		Surname SHIVA RAJUL CAPELLA	
		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? Occasional		Average daily alcohol consumption None/trace	
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs			
FAMILY HISTORY: Diabetes () Tuberculosis (x) Epilepsy () Asthma (x) Eczema (x)			
Heart disease () High blood pressure (x) Stroke (x) Blood Disease (x) Cancer (x)			
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: 23/9/11		Signature of Applicant:	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE			
Further details of medical history and recreational activities			

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.		ear -> R/L TM normal / nose & throat - normal							
		3. Teeth & Mouth									
		4. Lungs & Chest		Normal							
		5. Cardiovascular System		S1 S2, no murmur							
		6. Abdo. Viscera		Soft, no tenderness							
		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				Colour Vision	Blood Group
173	76.9	28.9	124/88	88 /mins.	L R	DISTANT Uncorrected Corrected	NEAR R L R L 6/6 6/6 N6 N6		(N)	B+	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
/		1. Urinalysis				/		7. Audiogram R/L hearing normal			
/		2. Hb, Bloodcount, ESR						8. Lung Function			
/		3. LFT, RFT, RBS						9. Chest X-Ray			
/		4. Drug Screen				/		10. ECG - sinus Bradycardia			
/		5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above			
/		6. Sickie Cell test						12. HIV, Hepatitis screening			

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

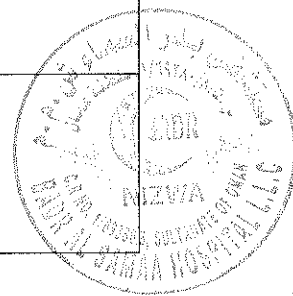
ASSESSMENT:

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

Date: 23/07/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 23/07/21 Name (Block Capitals): Dr. / Nurse Signature:



Dr. Venkatesh Kumar
VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581