MEDICAL FITNESS FORM

TRUCK OMAN FOR PDO MEDICAL

NAME:	AWADH MUBARAK SAID MUBARAK AL NASIRI	DATE:	18.02.2020
DOB/ SEX:	20.02.1981/ MALE	MRN NO:	7885081
VISION RT-EYE:	6/6 N6	HEIGHT:	164 CM
VISION LT-EYE:	6/6 N6	WEIGHT:	94 KG
HEART:	NORMAL	BP:	130/80mmHG
LUNGS:	NORMAL	PULSE:	80/Mins
ABDOMEN:	NORMAL	CNS:	NORMAL
SKIN:	NORMAL	ENT	NORMAL

INVESTIGATIONS:

CBC/ ESR	ESR ELEVATED
URINE ANALYSIS:	NORMAL
FBS/RBS	MILD ELEVATION
LFT,RFT	MILD ELEVATION OF SGPT AND URIC ACID
AUDIOMETRY:	RT NORMAL HEARING EXCEPT AT 4 KHz LT NORMAL HEARING
CHEST X RAY:	NORMAL
ECG:	NORMAL

COMMENTS: MEDICALLY FIT(NEEDS REGULAR FOLLOW UP)

Doctor's Signature: .....

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

مستشفى بدر السماء
س.ت: ١١٦٩٣٨٠٨
BADR
Al-Khoud
C.R. No. 1693808
BADR AL-SAMAA HOSPITAL

Medical Certificate – Fitness to Work

Declaration by examining Health Care Professional

I ...DR Atma S Raj..... 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: Awadh Mubarak Said Mubarak Al-Nasri

PDO Company: —

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

The Client is: Needs regular Follow up

A - Fit for employment.

B - Unfit for employment.

Health Care Professional: Dr Atma Rtg

Signature:

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

Date: ~~20~~ 18/02/2020

Company stamp:

BADR
Al-Khoud
C.R. No. 1693608
BADR AL-SAMAA HOSPITAL

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	SAID MUBARAK AL NASIRI
Forenames	AWADH MUBARAK
Address	
Home Telephone Number	99707093

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 20/ 02/ 1981	Nationality OMANI	Country of birth OMAN	Religion 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		✓			
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		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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:

BADR Al-Khoud C.R. No. 1693008 BADR AL-SAMAA HOSPITAL

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

N = Normal	A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 164	kg 94	130/80 mmHG	80/Mints	L 11.6dBHL R 13.3dBHL	Uncorrected	6/6	6/6	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			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.)

NEEDS REGULAR FOLLOW UP

ASSESSMENT

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

18.02.2020 — Date — Signature — DR ATMA S RAJ — Name (Block Capitals) — Doctor/Sister

REVIEW/CONSULTATION

Date — Signature — Name (Block Capitals) — Doctor/Sister

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