MEDICAL FITNESS FORM

TRUCK OMAN FOR PDO MEDICAL

NAME:	SULTAN SAID SAIF AL RUBAII	DATE:	19.02.2020
DOB/ SEX:	01.01.1981/ MALE	MRN NO:	7885386
VISION RT-EYE:	6/9 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	NORMAL
URINE ANALYSIS:	NORMAL
FBS/RBS	NORMAL
LFT,RFT	NORMAL
AUDIOMETRY:	RT NORMAL HEARING EXCEPT AT 8 KHz LT NORMAL HEARING
CHEST X RAY:	NORMAL
ECG:	~~BRADICARDIA~~ NORMAL

COMMENTS: MEDICALLY FIT

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

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Email: info@badralsamaahospitals.com

المقر الرئيسي :
س.ت. : ١١٦٩٣٨٠٨، 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

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: Sultan said Saif Al Rubaii

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

Signature:

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

Date: 20/02/2020

Company stamp:

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

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	SAIF AL RUBAII
Forenames	SULTAM SAID
Address	
Home Telephone Number	99418977

Place of examination: BADR AL SAMAA HOSPITAL, AL KHOUD BRANCH — Date:- 19 /02 /2020

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

Birth date	Nationality	Country of birth	Religion
01 /01 /1981	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		✓			
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: 19.02.2020 Signature of applicant:

BADR Al-Khoud C.R. No. 1693808 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
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 164	kg 94	130/80 mmHG	80/Mints	L 10dBHL R 11.6dBHL	Uncorrected	6/9	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 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.)

ASSESSMENT

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

19.02.2020 Date | Signature | DR ATMA S RAJ Name (Block Capitals) | Doctor/Sister

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

REVIEW/CONSULTATION

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

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