MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	
Forenames	Ali Khalfan Juma
Address	
Home Telephone Number	

Place of examination: Badr Al Samaa — Date:- 06 / 07 / 19

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

Birth date / /	Nationality	Country of birth	Religion
[ ] Male [ ] Single [ ] Widow (er)	Relationship to employee		Number of Children
[ ] Female [ ] Married [ ] Divorced/ Separated	[ ] Wife [ ] Son [ ] Daughter [ ] Fiancee		

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas 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: 04/07/19 Signature of applicant:

BADR Al-Khoud C.R. No. 1693806 BADR AL-SAMAA HOSPITAL

Medical history and recreational activities

DR. SHILPA . A
MBBS., DOMS
Ophthalmologist
Moh. License No. 8975

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	
		2. E.N.T.	B/L normal hearing
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	Normal
		8. Anus & Rectum	
		9. Genito-urinary	
		10. Extremities	
		11. Musculo-skeletal	
		12.Skin & Varicose Vns	
		13.C.N.S.	
		14.Breasts	

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR		COLOUR VISION	BLOOD GROUP
						R	L	R	L		
173	77	140/90	90/min	L 13-30dBHL R 11-60dBHL	Uncorrected Corrected	6/6	6/6	N6	N6	present	—

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		6. Audiogram
✓		2. Hb Blood count ESR		✓		7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
		4. Stool	Not done			9. Drug Screen not done
✓		5. E.C.G.				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

Date	Signature	Name (Block Capitals)	Doctor/Sister

REVIEW/CONSULTATION

Date	Signature	Name (Block Capitals)	Doctor/Sister

DR. FENILIN JOSE
MBBS, MD (General Medicine)
Internist
MOH Licence # : 7715

BADR Al-Khoud C.R. No. 1093008 BADR AL-SAMAA HOSPITAL

10373

MEDICAL FITNESS FORM

TRUCK OMAN

NAME:	MR. ALI KHALFAN JUMA AL MAZRUII	DATE:	09/07/2019
DOB/ SEX:	12/01/1980, MALE	MRN NO:	7820153
VISION RT-EYE:	6/6	HEIGHT:	173 cm
VISION LT-EYE:	6/6	WEIGHT:	77 kg
HEART:	NORMAL	BP:	140/90mmHg
LUNGS:	NORMAL	PULSE:	80/min
ABDOMEN:	NORMAL	CNS:	NORMAL
SKIN:	NORMAL	ENT	NORMAL

INVESTIGATIONS:

CBC/ ESR	NORMAL
URINE ANALYSIS:	NORMAL
FBS/RBS	NORMAL
LFT,RFT	NORMAL
AUDIOMETRY:	NORMAL LIMITS
CHEST X RAY:	NORMAL
ECG:	NORMAL

COMMENTS: MEDICALLY FIT

Doctor's Signature: .....

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

DR. FENILIN JOSE
MBBS, MD (General Medicine)
Internist
MOH Licence # : 7715

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روي، سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦١٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٠٤١٣١
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