MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**ALI KHALFAN JUMA AL MAZRUII**		
AGE/D.O.B	**41 Y,12.01.1980**	**DATE**	**08.07.2021**
PASS/ID NO:	**9279434**	**GENDER**	**MALE**
VISION-RT-EYE	**6/6 WITHOUT GLASSES**	**HEIGHT**	**173 CM**
LT-EYE	**6/6 WITHOUT GLASSES**	**WEIGHT**	**79 KG**
HEART	**NORMAL**	**BP**	**134/76 mmHg**
LUNGS	**NORMAL**	**PULSE**	**78/ Min**
ABDOMEN	**NORMAL**	**CNS**	**NORMAL**
SKIN	**NORMAL**	**ENT**	**NORMAL**

INVESTIGATIONS

FBS	**NORMAL**
BLOOD GROUP	**O POSITIVE**
HAEMOGRAM	**NORMAL**
LFT	**NORMAL**
RFT	**NORMAL**
LIPID PROFILE	**DLP**
SICKLING TEST	**NEGATIVE**
URINE ROUTINE	**NORMAL**
ECG	**NORMAL**
AUDIOGRAM	**Normal hearing threshold with minimal dip at 4000Hz B/L.**
FRAMINGHAM SCORE	**Probability of developing cardiovascular disease in next 10 years is 4.2%**

COMMENTS
* **To use adequate ear protection in high noise environment**
* **DLP-Advised lifestyle modification**

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

SEAL

BADR NIZWA
BADR AL SAMAA HOSPITAL L.L.C.

FIT

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

Surname ALI KHALFAN JUMA AL MAZRUI

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 8/7/21

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 12.09.1980 | Nationality: | Country of birth: | Religion:

☑ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | Number of children:

Reason for examination Pre-Employment Job: ☐
Pre-Overseas Area: ☐

Name and address of family doctor

List your last 3 jobs
(1)
(2)

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		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever/other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? Nil | Average daily alcohol consumption Nil

Have you ever taken elicited drugs? (✓) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (✓) Tuberculosis (✓) Epilepsy (✓) Asthma (✓) Eczema (✓)
Heart disease (✓) High blood pressure (✓) Stroke (✓) Blood Disease (✓) Cancer (?)

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: 8/7/21 **Signature of Applicant:**

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

Nil – FFN

BADR AL SAMAA HOSPITAL L.L.C

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal Reaction
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	Normal
		5. Cardiovascular System	S1 S2 (+) Reg Murmur
		6. Abdo. Viscera	Soft, NT (+) Normal
		7. Hernial Orifices	
		8. Anus & Rectum	Normal
		9. Genito-urinary	Normal
		10. Extremities	Normal
		11. Musculo-skeletal	Normal
		12. Skin & Varicose Vns.	Normal
		13. C.N.S.	WNL

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT / NEAR	Colour Vision	Blood Group
173	79.5	26.6	134/76	78/mins.	L R	Uncorrected R 6/6 L 6/6 R N6 L N6 Corrected	N	O+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
	✓	5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

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

DLP. Advised Lifestyle modification

ASSESSMENT:

FIT ALL AREAS ☑ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT** ☐

FIT

Date: 8/7/21 Name (Block Capitals): Dr. / Nurse Signature:

BADR NIZWA BADR AL SAMAA HOSPITAL L.L.C. CR No. 1169190/9, SULTANATE OF OMAN

REVIEW/CONSULTATION

Date: 8/7/21 Name (Block Capitals): Dr. / Nurse Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581