مجموعة مستشفيات ومستوصفات بدر السماء
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 TRUCKOMAN

NAME	**BALWINDER SINGH**		
AGE/D.O.B	48 Y,30.05.1973	**DATE**	12.07.2021
PASS/ID NO:	85409033	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	165 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	86 KG
HEART	NORMAL	**BP**	120/80 mmHg
LUNGS	NORMAL	**PULSE**	70/ Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LFT	NASH
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 5%

COMMENTS

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

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr. AMMAR ABED YA... M.B.B.S, M.R.C.P.I, F.I.B.M.S
GASTROENTEROLOGY SPECIALIST & INTERNIST
MOH LIC No#11613

FIT

بدر السماء ش.م.م
BADR
NIZWA
CR No. 1693808, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL

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المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، 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

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	Normal
✓		2. E.N.T.	Normal
✓		3. Teeth & Mouth	Normal
✓		4. Lungs & Chest	Normal
✓		5. Cardiovascular System	Normal
✓		6. Abdo. Viscera	Normal
✓		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 /mins.	HEARING	VISION DISTANT NEAR	Colour Vision	Blood Group
165	86	31.4	120/80	70	L R	R L R L Uncorrected 6/6 6/6 N/A N/A Corrected	N	A+

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.)

ASSESSMENT:

FIT

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

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

REVIEW/CONSULTATION

Dr. AMMAR ABED YAS F.I.B.M.S
GASTROENTEROLOGY SPECIALIST & INTER...
MOH LIC No#11613

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

BADR AL SAMAA HOSPITAL L.L.C.
BADR
NIZWA
SULTANATE OF OMAN

Fitness to Work Certificate

Employee Data		Date : 12-7-2021
Name : Balwinder Singh.		Department/Company
I.D No : 85409033	Age : 48Y3	Occupation :

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refueling	A6	Fire /Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveler	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving& all heavy vehicles	A10	Transfers – group B country

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			Yes
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs.			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specifiy) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			
Temporary Unfit until			
Permanently Unfit			**Date** 12-7-2021
Name of health advisor Dr.DAMODARAM PRABHU MBBS,MD(INTERNAL MEDICINE) MOH # 9748 **Signature** **Date :**			BADR AL SAMA HOSPITAL L.L.C. NIZWA

FIT

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 12-7-2021
Name: Balwinder Singh		Department/Company:
I. D No. 85409033	Tel #	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
0	Total

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: _____ **Date:** 12-7-2021

FIT

Dr. AMMAR ABED YAS F.I.B.M.S
GASTROENTEROLOGY SPECIALIST & INTERVIST
MOH LIC No#11613

BADR NIZWA

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	
Forenames :	
Address	
Home telephone number	

Place of examination **BADR AL SAMAA**	Date

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

Birth date: 30.05.1973	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?	Average daily alcohol consumption

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: 30.05.1973 **Signature of Applicant:**

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

BADR AL SAMAA HOSPITAL L.L.C. BADR NIZWA SULTANATE OF OMAN