Fitness to Work Certificate for drivers

Employee Data		**Date** 14/03/22	
Name ZAFRAN SAFDAR		**Department/Company** TRUCKOMAN	
I.D No. 113960615	**Age** 27	**Occupation** DRIVER	
Type of Medical Evaluation		**Mark those applying √**	
A5– HVD- Crane or forklift driving & all heavy vehicles		**A7- Professional driving-light vehicles**	

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			✓
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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Name of health advisor DR. LIPON KANTI SA... GENERAL PRACTITIONER ... HEALTH CENTRE **Signature** **Date** 14/03/22

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box: 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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

Employee Data		Date: 14/03/22
Name: ZAFRAN SAFDAR		Department/Company: TPECHOMAN
I. D No. 13960615	Tel # 95512012	Occupation: DRIVER

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
Total	0

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 ZAFRAN SAFDAR *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: [signature] **Date:** 14/03/22

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C.R. No.: 1/1259954
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Sultanate of Oman
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مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 19190

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	ZAFRAN SAFDAR
Nationality	PAKISTANI
Mobile No. 95512012	Home/Leave Address:
Company Number: 6970	Reference Indicator:

Personal Details D.O.B 13/09/95, 27 yrs

A ☑ Male ☐ Female ☐ Married ☑ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: —

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: MML DRIVER

Next Job and Location:

Are you a registered person with special needs? ☐

Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' **(yes) in the column.** If 'Y' **Please describe**

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		✓		
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease	✓		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	**Have you had any serious allergies**	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
Do you take any regular medicines, or have your taken in the past?		✓		
Do you smoke? If yes, what and how much each day?		✓		
Do you drink alcohol? If yes, what is your average weekly intake?		✓		
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?		✓		

C.R. No.: 1435555-4
P.O. Box: 43
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission)) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review .

Date: 14/03/22 **Signature of Applicant:**

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RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 19190

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		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.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	
173	72.9	24.4	110/70	80 /mins.	L R ✓	DISTANT R L / NEAR R L	R 6/4 L 6/4
						Uncorrected Corrected	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Mild ↑ T. Cholesterol	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	No Medication Needed. Diet & Lifestyle Modification Suggested.			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 AND RECOMMENDATIONS:

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

Date: 14/03/24 Name (Block Capitals): Dr. / Nurse DR. LEPCHANTI BASNA GENERAL PRACTITIONER RUSAYL HEALTH CENTRE Signature:

REVIEW/CONSULTATION

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

مركز الرسيل الصحي C.R. No.: 1125955/4 P.O. Box: 18 P.C.: 124, Rusayl Sultanate of Oman RUSAYL HEALTH CENTRE

Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel.: 24446151 / 54
Fax : 24446833

مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Timing : O.P.D. 7 a.m. to 5. p.m.

Date : 14/3/2022

LABORATORY INVESTIGATION

Name : ZAFRAN SAFDAR Sex : M Age : 27
Dr.: Company : TRUCK OMAN

HAEMATOLOGY

Total WBC 7.95 (4000-11000cu/mm)
DC - NEUTROPHIL 58.6 % (40-75%)
LYMPHOCYTE 34.4 % (20-45%)
EOSINOPHIL 2 % (1-6%)
MONOCYTE 5 % (2-10%)
BASOPHIL 0 % (0-1%)
ESR (0-12mm/hr)
(M:12-16 g/dl)
(F:11-14 g/dl)
HB 15.4 (14gm/dl—16gm/dl)
RBC COUNT 5.38 (4.5-6.6Million/cumm)
Platelet count 196,000 (150-400cu/mm)
Bleeding Time (3-6min)
Clotting Time (5-10min)
HCT 40.1 (40-45%)
MCV 79.8 (78—92fl)
MCH 28.4 (27—32pg)
Sickle cell Negative
MCHC 31.9 (31—35gm/dl)
Blood Group

BIOCHEMISTRY

Diabetic profile
Blood sugar(fasting) 78 (70mg/dl-110mg/dl)(3.8mmol/l—6.1mmol/l)
PPBS (80mg/dl-130mg/dl)(4.50-7.3mmol/l)
RBS (64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)
HBA1C (4—6.5%)

Lipid profile
Triglycerides 120 (upto 200mg/dl)
Total Cholestrol 211.9 (<200mg/dl)
HDL 50.7 (>40mg/dl)
LDL 118.6 (Up to 130mg/dl)

Liver Function test
Total bilirubin 0.82 (upto 1.0mg/dl)
SGOT 40.1 (Up to 40IU/L)
SGPT 18.6 (up to 41IU/L)
Total Protein (6-8.3gm/dl)

Renal function Test
S creatinine 0.94 (0.7-1.4mg/dl)
Urea 21.4 (10-45mg/dl)
Uric acid 5.05 (3.4-7.0 mg/dl)

Cardiac profile
Troponine T (>0.01ng/ml)

H.Pylori Test

Malaria Parasite
Micro Filaria

URINE ANALYSIS

Colour: Dark yellow
Sp gravity: 1.020
pH: 6.5
Albumin:
Sugar:
Acetone:
Bile Salts:
Urobilinogen: NORMAL
Blood:
Nitrate:
Leukocyte Estrase:
Microscope:
Pus cells: /HPF
RBC: /HPF
Epithelial cells: /HPF
Casts: /HPF
Crystals:
Bacteria:
Mucus-Thread:

Pregnancy Test

STOOL EXAMINATION

Colour:
Consistancy:
Reaction:
Occult Blood:
Microscopic ova:
Cyst:
Entamoeba:
Flagelles:
Pus Cells:
R.B. Cs:
Epith: cells:
Other:

SEMEN ANALYSIS

Quantity: Reaction:
Total Sperm Count: million/ml
(Normal 60-150 million/ml)
Microscopic: Active motile: %
Sluggish motile: %
Dead Sperms: %
Pus Cells R.B. Cs:
Epith: Cells:
Morphology Normal: %
Abnormal: %

V.D.R.L./Syphilis
R.F.
HBsAg.
HCV.
HIV

Medical Officer

DR. LIPON KANTI BARUA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Lab. Technician

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RHC

مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

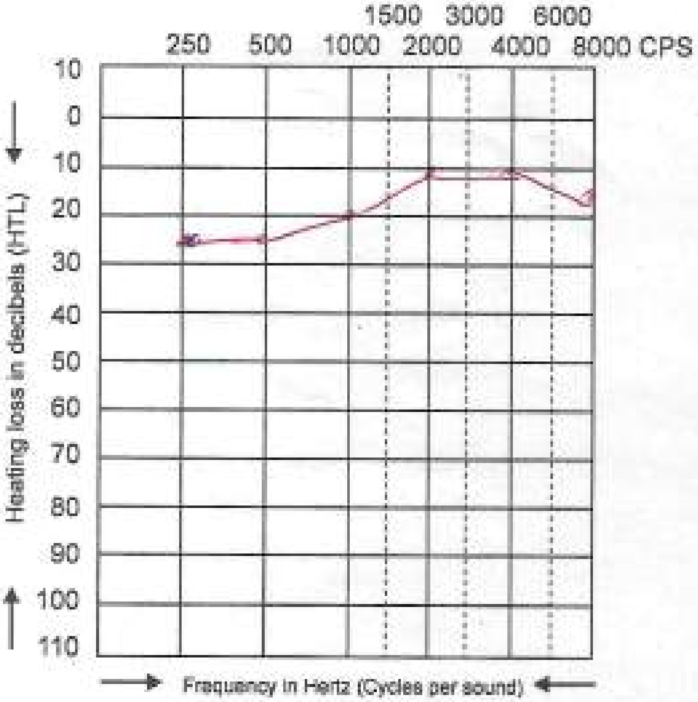
Name of Patient ZAFRAN SAFDAR اسم المريض

Age 27 yrs السن Sex M الجنس Date 14/03/22 التاريخ

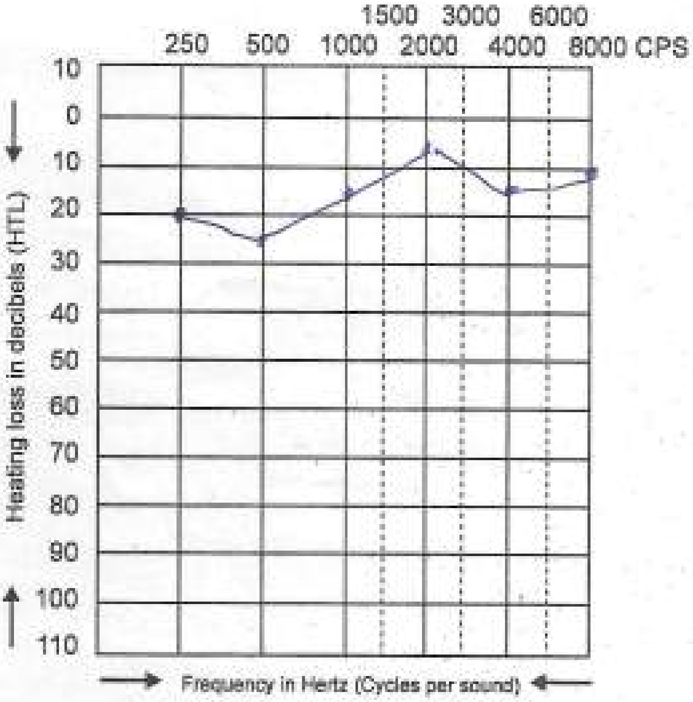
Name of Company TruckOman اسم الشركة

AUDIOGRAM

Right



Left



Impression : Normal Hearing

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س.ت : ١/٢٥٩٩٥/٤
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P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH C

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Name of Dr. & Signature