



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

<b>NAME</b>	<b>GAURAV SAXENA</b>	
AGE/D.O.B	34 Y, 23.07.1986	DATE 17.02.2021
PASS/ID NO:	121609612	GENDER MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT 171 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT 76 KG
HEART	NORMAL	BP 120/82 mmHg
LUNGS	NORMAL	PULSE 74/ Min
ABDOMEN	NORMAL	CNS NORMAL
SKIN	NORMAL	ENT Nose- Mild DNS asymptomatic

### INVESTIGATIONS

RBS	ELEVATED
BLOOD GROUP	AB POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	Slightly elevated triglycerides
SICKLING TEST	NEGATIVE
URINE ROUTINE	SUGAR (++)
AUDIOGRAM	Normal audiometric threshold

COMMENTS \* Slightly elevated triglycerides - Advised lifestyle modification  
\* Known T2DM since 1 year on medication

### CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

**DR. B. VENKATESH KUMAR**  
CARDIOLOGIST  
MOH NO#14581

**FIT**



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المقر الرئيسي :

س. ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخور : ٢٤٤٨٣٢٢ | صحار : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣

بركاء : ٢٦٨٨٤٩٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | قلح : ٢٦٥٤١٣١

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**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 <b>Sauran</b>		Forenames <b>Abdulla</b>	
Address			
Home telephone number			
Place of examination <b>BADR AL SAMAA</b>	Date <b>17/02/24</b>		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: <b>23.07.1980</b>		Nationality:	Country of birth:
Religion:		Relationship to employee	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children:
Reason for examination Pre-Employment Job: <input type="checkbox"/>			
Pre-Overseas Area: <input type="checkbox"/>			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	Y	N	
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure
6. Hayfever/other significant allergy		<input checked="" type="checkbox"/>	26. Stroke
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes <b>oley</b>
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights
20. Lump in breast/armpit		<input checked="" type="checkbox"/>	
<b>HAVE YOU EVER BEEN:-</b>			
			40. Rejected for employment or insurance for medical reasons
			41. Awarded benefits for industrial injury/illness
			42. Treated for a mental condition, e.g. depression
			43. Treated for problem drinking or drug abuse
			44. Exposed to toxic substance or noise
<b>FOR WOMEN ONLY</b>			
Have you ever had:-			
			45. An abnormal smear
			46. Any gynaecological treatment
			47. Are you pregnant?
			48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
How much tobacco each day? <b>None - very occasional</b> Average daily alcohol consumption <b>None</b>			
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs			
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/>			
Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>			
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b>			
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: <b>17/02/24</b>	Signature of Applicant:		
<b>FOR COMPLETION BY EXAMINING DOCTOR OR NURSE:</b>			
Further details of medical history and recreational activities			

**Father - Tamm**

**Dr. B. VENKATESH KUMAR  
CARDIOLOGIST  
MOH NO#14581**



N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION	
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	mmms
		5. Cardiovascular System	S1h ⊕ No Murmur S2 m ⊕ normal
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		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	HEARING	VISION				Colour Vision	Blood Group		
					L	DISTANT		NEAR					
						Uncorrected	Corrected	R	L	R	L		
171	76.2	26.1	120/82	74/min.	L 12dB HL R 13dB HL			6/6	6/6	N6	N6	(N)	AB+

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.)**

Klebsiella from xly on bHA  
Slightly elevated triglycerides - advised lifestyle modification

**ASSESSMENT:**

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT



Date: 17/02/21 Name (Block Capitals): Dr. / Nurse Signature:

**REVIEW/CONSULTATION**

Date: 17/02/21 Name (Block Capitals): Dr. / Nurse Signature:



*[Handwritten signature]*

**Dr. B. VENKATESH KUMAR**  
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