مجموعة مستشفيات ومستوصفات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare ...Humane Care

1938

Organization Accredited by Joint Commission International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**SAJAL RAJ C S**		
AGE/D.O.B	26 Y, 19.08.1994	**DATE**	24.01.2021
PASS/ID NO:	P 7919728	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	184 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	73 KG
HEART	NORMAL	**BP**	110/76 mmHg
LUNGS	NORMAL	**PULSE**	72/ Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold

COMMENTS * DLP - Advised lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA HOSPITAL L.L.C. NIZWA C.R No. 1693380/9, SULTANATE OF OMAN

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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
برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
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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	SAJAL RAJ CS
Forenames :	
Address	
Home telephone number	

Place of examination **BADR AL SAMAA** Date 24/1/21

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

Birth date: 19.08.1994 Nationality: Indian 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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever/other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓			
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	47. Are you pregnant?		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓			
18. Marked change in weight		✓	38. Tropical disease		✓			
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.**

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Date: 24/1/21 **Signature of Applicant:**

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

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 (+), Nos 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.	Normal

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
184	73.6	21.7	110/76	72/mins.	L R	Uncorrected 6/6 Corrected	6/6	N/6	N/6	(N)	A+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram Bilateral hearing Normal.
✓		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

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

Date: 24/1/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 24/1/21 Name (Block Capitals): Dr. / Nurse Signature:

Dr. SAJILA P.P
MBBS., DNB (ENT)., DLO.
Specialist Ent Surgeon
MOH Lic No.: 18387

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA