MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**AJAYKUMAR VALTHARA**		
AGE/D.O.B	**48 Y ,04.03.1973**	**DATE**	**25.02.2021**
PASS/ID NO:	**103214309**	**GENDER**	**MALE**
VISION-RT-EYE	**6/6 WITHOUT GLASSES**	**HEIGHT**	**162 CM**
LT-EYE	**6/6 WITHOUT GLASSES**	**WEIGHT**	**79 KG**
HEART	**NORMAL**	**BP**	**122/86 mmHg**
LUNGS	**NORMAL**	**PULSE**	**54/ Min**
ABDOMEN	**NORMAL**	**CNS**	**NORMAL**
SKIN	**NORMAL**	**ENT**	**NORMAL**

INVESTIGATIONS

FBS	**NORMAL**
BLOOD GROUP	**O POSITIVE**
HAEMOGRAM	**NORMAL**
LFT	**NORMAL**
RFT	**NORMAL**
LIPID PROFILE	**NORMAL**
SICKLING TEST	**NEGATIVE**
URINE ROUTINE	**NORMAL**
ECG	**SINUS BRADYCARDIA**
AUDIOGRAM	**Normal hearing threshold with dip at 4000Hz in Rt ear & Mild slope at high frequencies in Lt Ear**
FRAMINGHAM SCORE	**Probability of developing cardiovascular disease in next 10 years is 1.2%**

COMMENTS * **To use adequate ear protection in high noise environment**

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR NIZWA CR No. 1693808/9, 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
بركاء : 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 Ajay Kumar VALTHARA

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** Date 28/12/21

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

Birth date: 04.03.1979 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		✓	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		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓			
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
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? 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: **Signature of Applicant:**

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

Routine – Fit Dm

BADR NIZWA C.R No. 1/69380/9, SULTANATE OF OMAN 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 & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	Norm
		5. Cardiovascular System	S1 S2 (+), No murmur
		6. Abdo. Viscera	Soft, BS (+)
		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.	Norm

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION					Colour Vision	Blood Group
							DISTANT		NEAR			
							R	L	R	L		
162	79.8	30.4	126/86	54 mins.	L R	Uncorrected	6/6	6/6	N6	N6	(N)	O+
						Corrected						

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 – Sinus Bradycardia
✓		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 ALL AREAS ☑ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT** ☐

FIT

Date: 25/02/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 25/02/21 Name (Block Capitals): Dr. / Nurse Signature:

B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

مستشفى بدر السماء ش.م.م
BADR AL SAMAA HOSPITAL L.L.C.
BADR NIZWA
SULTANATE OF OMAN

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

Employee Data		Date: 25/02/21
Name: AJAY KUMAR VALTHARA		Department/Company:
I. D No. 103214309	Tel #	Occupation : Heavy vehicle 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

1	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
2	as a passenger in the car for an hour without a break
2	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
2	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	7

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: 25/02/21

FIT

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