

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME **SATHEESAN SAJI SATHEESAN**

AGE/D.O.B	37 Y,08.05.1983	DATE	16.03.2021
PASS/ID NO:	74733506	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	180 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	110 KG
HEART	NORMAL	BP	136/88 mmHg
LUNGS	NORMAL	PULSE	84/ 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
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 0.9%

COMMENTS **Obesity- Advised weight reduction**

CONCLUSION **MEDICALLY FIT**

Signature:

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



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المقر الرئيسي :
س.ت: ٥٧٩٨٨، ص. ب: ٤٤، الرمز البريد: ١٢
روي سلسلة عمان، هاڻ: ٥٧٩٧٦٣، فاڪس: ٢٨٧٩٩٧٦٥
٢٤٣٩٧٨٣، ٢٤٣٦٧٩٩، ٢٤٣٨٣٢٢، ٢٤٣٨٦٩٩، ٢٤٣٧٨٦٧٧، ٢٤٣٨٦٧٧٧
برکاء: ٢٤٣٨٦٩١، صور: ٢٤٣٨٦٩٣، عزوي: ٢٤٣٨٦٩٤، طحل: ٢٤٣٨٦٩٥
البريد الإلكتروني : info@badroman.com

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A			<p>Normal or Routine</p> <p>1. Eyes & Pupils</p> <p>2. E.N.T.</p> <p>3. Teeth & Mouth</p> <p>4. Lungs & Chest</p> <p>5. Cardiovascular System</p> <p>6. Abdo. Viscera</p> <p>7. Hernial Orifices</p> <p>8. Anus & Rectum</p> <p>9. Genito-urinary</p> <p>10. Extremities</p> <p>11. Musculo-skeletal</p> <p>12. Skin & Varicose Vns.</p> <p>13. C.N.S.</p>							
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE 84/mins.	HEARING L R	DISTANT Uncorrected Corrected	VISION NEAR R L R L 6/6 6/6 N/6 N/6			Colour Vision (N)	Blood Group O+
180	110.2	34	136/88								
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 <input checked="" type="checkbox"/> FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>											
Date: 16/03/21 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 16/03/21 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



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

Employee Data		Date: <u>16/03/21</u>								
Name: <u>SATHER BON</u>	<u>6721</u>	Department/Company: <u>Heavy Vehicle drivers</u>								
I. D No. <u>74733506</u>	Tel #	Occupation : <u>Heavy Vehicle drivers</u>								
<p>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.</p>										
<p>How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)</p>										
<table> <tr> <td>0</td> <td>Would never doze</td> </tr> <tr> <td>1</td> <td>Slight chance of dozing</td> </tr> <tr> <td>2</td> <td>Moderate chance of dozing</td> </tr> <tr> <td>3</td> <td>High chance of dozing</td> </tr> </table>			0	Would never doze	1	Slight chance of dozing	2	Moderate chance of dozing	3	High chance of dozing
0	Would never doze									
1	Slight chance of dozing									
2	Moderate chance of dozing									
3	High chance of dozing									
<p><u>1</u> sitting and reading</p>										
<p><u>1</u> watching TV</p>										
<p><u>0</u> sitting inactive in a public place (e.g. theatre or meeting)</p>										
<p><u>2</u> as a passenger in the car for an hour without a break</p>										
<p><u>2</u> Lying down to rest in the afternoon when circumstances permit</p>										
<p><u>0</u> Sitting a talking with someone</p>										
<p><u>2</u> Sitting quietly after lunch without alcohol</p>										
<p><u>0</u> In a car, while stopped for a few minutes in traffic</p>										
<p>Total <u>8</u></p>										
<p>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.</p>										
<p>Declaration: I, <u>(Print Name)</u> certify that to the best of my knowledge the above information supplied by me is true and correct.</p>										
<p>Signature: _____ Date: <u>16/03/21</u></p>										


