



مجموعة مستشفيات ومستوصفات بدر السماء

**BADR AL SAMAA**

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

#6457



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

## MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

<b>NAME</b>	<b>SANTHOSH PAKKALLICHIRAYIL</b>	
<b>AGE/D.O.B</b>	46 Y,23.04.1975	<b>DATE</b> 11.05.2021
<b>PASS/ID NO:</b>	72708409	<b>GENDER</b> MALE
<b>VISION-RT-EYE</b>	6/6 WITH GLASSES	<b>HEIGHT</b> 165 CM
<b>LT-EYE</b>	6/6 WITH GLASSES	<b>WEIGHT</b> 65 KG
<b>HEART</b>	NORMAL	<b>BP</b> 134/80 mmHg
<b>LUNGS</b>	NORMAL	<b>PULSE</b> 76/ Min
<b>ABDOMEN</b>	NORMAL	<b>CNS</b> NORMAL
<b>SKIN</b>	NORMAL	<b>ENT</b> NORMAL

### INVESTIGATIONS

<b>FBS</b>	NORMAL
<b>BLOOD GROUP</b>	A POSITIVE
<b>HAEMOGRAM</b>	NORMAL
<b>LFT</b>	NORMAL
<b>RFT</b>	NORMAL
<b>LIPID PROFILE</b>	NORMAL
<b>SICKLING TEST</b>	NEGATIVE
<b>URINE ROUTINE</b>	NORMAL
<b>ECG</b>	NORMAL
<b>AUDIOGRAM</b>	Normal hearing threshold with minimal dip at 4000Hz B/L
<b>FRAMINGHAM SCORE</b>	Probability of developing cardiovascular disease in next 10 years is 3.7%

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

### CONCLUSION MEDICALLY FIT

Signature: \_\_\_\_\_

**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

الكوبر : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

# 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 <u>SANSON</u>		Forenames : <u>PAIKALICHI HIRAYIL</u>	
Address			
Home telephone number			
Place of examination <b>BADR AL SAMAA</b>	Date <u>11/05/21</u>		
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>23.04.1978</u>		Country of birth:	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee <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
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"/>	
HAVE YOU EVER BEEN:-			
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			
FOR WOMEN ONLY			
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? <u>None</u>		Average daily alcohol consumption <u>very rarely</u>	
Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs			
FAMILY HISTORY: Diabetes (x) Tuberculosis (x) Epilepsy (x) Asthma (x) Eczema (x)			
Heart disease (x) High blood pressure (x) Stroke (x) Blood Disease (x) Cancer (x)			
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: <u>11/05/21</u>		Signature of Applicant: <u>SANSON</u>	
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 & Reactive				
		2. E.N.T.		clear, no throat - normal				
		3. Teeth & Mouth						
		4. Lungs & Chest		normal				
		5. Cardiovascular System		Sick ⊕ No murmur				
		6. Abdo. Viscera		soft, no ⊕				
		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.		normal				
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
165	64.5	23.7	134/80	76/min.	L R	DISTANT NEAR Uncorrected Corrected	⊕	A+
						R L R L 6 6 6 6 6/6 6/6 6/6 6/6		
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 ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>								
Date: 11/05/24 Name (Block Capitals): Dr. / Nurse Signature:								
REVIEW/CONSULTATION								
Date: 11/05/24 Name (Block Capitals): Dr. / Nurse Signature:								

Take ear protection in noisy environment.

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

*[Signature]*

Dr. B. VENKATESH KUMAR  
CARDIOLOGIST  
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