



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

NAME

**SUNIL PUTHEZHATH VASUDEVAN**

AGE/D.O.B

52 Y, 03.01.1969

DATE

27.06.2021

PASS/ID NO:

66986995

GENDER

MALE

VISION-RT-EYE

6/6 WITH GLASSES

HEIGHT

168 CM

LT-EYE

6/6 WITH GLASSES

WEIGHT

87 KG

HEART

NORMAL

BP

132/86 mmHg

LUNGS

NORMAL

PULSE

78/ Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

B/L TM NORMAL  
DNS, Asymptomatic

### INVESTIGATIONS

FBS

NORMAL

BLOOD GROUP

AB POSITIVE

HAEMOGRAM

NORMAL

LFT

NORMAL

RFT

NORMAL

LIPID PROFILE

DLP

SICKLING TEST

NEGATIVE

URINE ROUTINE

NORMAL

ECG

SINUS BRADYCARDIA

TMT

NEGATIVE FOR STRESS INDUCED ISCHEMIA

AUDIOGRAM

Normal hearing threshold with moderate dip at 4000Hz B/L

FRAMINGHAM SCORE

Probability of developing  
cardiovascular disease in next 10  
years is 4.5%

COMMENTS

\*  
\*  
\*

To use adequate ear protection in high noise environment

DLP- Advised lifestyle modification

T2DM/SHT on medication

CONCLUSION

**MEDICALLY FIT**

Signature: .....

Dr. B. VENKATESH KUMAR  
CARDIOLOGIST  
MOH NO#14581



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المقر الرئيسي :

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

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الكوبر : ٢٤٤٨٨٣٢٢ | ص. ب. : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | الروي : ٢٥٤٤٧٧٧٧ | الفلج : 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>SCHAIL PULHEZHATH LIASUDELIAN</u>	
Forenames :	
Address	
Home telephone number	
Place of examination <b>BADR AL SAMAA</b>	Date <u>27/6/21</u>
If a dependant enter employee's name here:	
Surname:	
Forenames:	
Birth date:	Nationality:
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"/>
2. Neck swelling/glands	<input checked="" type="checkbox"/>
3. Difficulty in vision	<input checked="" type="checkbox"/>
4. Any ear discharge	<input checked="" type="checkbox"/>
5. Asthma/bronchitis	<input checked="" type="checkbox"/>
6. Hayfever/other significant allergy	<input checked="" type="checkbox"/>
7. Any skin trouble	<input checked="" type="checkbox"/>
8. Tuberculosis	<input checked="" type="checkbox"/>
9. Shortness of breath	<input checked="" type="checkbox"/>
10. Coughed/vomited blood	<input checked="" type="checkbox"/>
11. Severe abdominal pain	<input checked="" type="checkbox"/>
12. Stomach ulcer	<input checked="" type="checkbox"/>
13. Recurrent indigestion	<input checked="" type="checkbox"/>
14. Jaundice or hepatitis	<input checked="" type="checkbox"/>
15. Gall Bladder disease	<input checked="" type="checkbox"/>
16. Marked change in bowel habits	<input checked="" type="checkbox"/>
17. Blood in stools (motions)	<input checked="" type="checkbox"/>
18. Marked change in weight	<input checked="" type="checkbox"/>
19. Varicose veins	<input checked="" type="checkbox"/>
20. Lump in breast/arnpit	<input checked="" type="checkbox"/>
21. Cancer	<input checked="" type="checkbox"/>
22. Heart Disease	<input checked="" type="checkbox"/>
23. Rheumatic fever	<input checked="" type="checkbox"/>
24. Abnormal heartbeat	<input checked="" type="checkbox"/>
25. High blood pressure	<input checked="" type="checkbox"/>
26. Stroke	<input checked="" type="checkbox"/>
27. Serious chest pain	<input checked="" type="checkbox"/>
28. Any blood disease	<input checked="" type="checkbox"/>
29. Kidney disease	<input checked="" type="checkbox"/>
30. Blood in urine	<input checked="" type="checkbox"/>
31. Diabetes	<input checked="" type="checkbox"/>
32. Headaches/migraine	<input checked="" type="checkbox"/>
33. Dizziness/fainting	<input checked="" type="checkbox"/>
34. Epilepsy	<input checked="" type="checkbox"/>
35. Joints/spinal trouble	<input checked="" type="checkbox"/>
36. Surgical operation	<input checked="" type="checkbox"/>
37. Serious accident/fracture	<input checked="" type="checkbox"/>
38. Tropical disease	<input checked="" type="checkbox"/>
39. Fear of heights	<input checked="" type="checkbox"/>
HAVE YOU EVER BEEN:-	
40. Rejected for employment or insurance for medical reasons	<input checked="" type="checkbox"/>
41. Awarded benefits for industrial injury/illness	<input checked="" type="checkbox"/>
42. Treated for a mental condition, e.g. depression	<input checked="" type="checkbox"/>
43. Treated for problem drinking or drug abuse	<input checked="" type="checkbox"/>
44. Exposed to toxic substance or noise	<input checked="" type="checkbox"/>
FOR WOMEN ONLY	
Have you ever had:-	
45. An abnormal smear	<input checked="" type="checkbox"/>
46. Any gynaecological treatment	<input checked="" type="checkbox"/>
47. Are you pregnant?	<input checked="" type="checkbox"/>
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	<input checked="" type="checkbox"/>
How much tobacco each day? <u>Nil</u>	
Average daily alcohol consumption <u>Very rarely</u>	
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"/>	
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>27/6/21</u>	Signature of Applicant: <u>[Signature]</u>
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE	
Further details of medical history and recreational activities	

SHF / T2m on medication

[Signature]

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.		Ear - normal - throat - normal.				
		3. Teeth & Mouth						
		4. Lungs & Chest		Normal				
		5. Cardiovascular System		Sch ①, Aortic murmur				
		6. Abdo. Viscera		Belly normal				
		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
168	87.5	31	132/86	76 /mins.	L R	DISTANT NEAR Uncorrected Corrected	②	AB+
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
		1. Urinalysis			Positive for Hemoglobin Ischemic			
		2. Hb, Bloodcount, ESR						
		3. LFT, RFT, RBS						
		4. Drug Screen						
		5. Lipids (40 years +)						
		6. Sickle Cell test						
7. Audiogram 131 lateral hearing sensor 8. Lung Function - slightly normal 9. Chest X-Ray with moderate 10. ECG Sinus Bradycardia 11. CVS risk for 40 yrs. & above 12. HIV, Hepatitis screening								
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)								
Term / Stat on medication. DIP - advised lifestyle modification								
ASSESSMENT:								
FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>								
Date: 27/6/21 Name (Block Capitals): Dr. / Nurse Signature:								
REVIEW/CONSULTATION								
Date: 27/6/21 Name (Block Capitals): Dr. / Nurse Signature:								

Take ear protection in noisy environment.

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

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

