

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
HAEMOGRAHM	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

FIT



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المقر الرئيسي : س.ت. ١٥٩٣٨٨ ، ص. ب. ٤٤ ، الرمز البريد : ٢٤٤٨٣٢٢ ، رووي سلطنة عمان، هاتف : ٢٤٣٧٩٧٠٧ ، مكالمات : ٢٤٥٤٦٩٩ ، البريد الإلكتروني : ٢٤٣٩٦٨٣ | صفار : ٢٤٣٧٩٧٥٦ ، صالة : ٢٤٣٩٦٨٣ | بركاء : ٢٤٣٨٩٦٩ ، صور : ٢٤٣٧٩٧٧٧ ، مكالمات : ٢٤٣٨٩٦٩ | طلخ : ٢٤٣٨٩٦٩ ، 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

Petroleum Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <i>SCARL PIZHEZHATH VIASUDHEEAN</i> Forenames : Address Home telephone number		
Place of examination BADR AL SAMAA Date <i>27/6/04</i>		Home telephone number		
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		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:- 45. An abnormal smear
9. Shortness of breath		29. Kidney disease		46. Any gynaecological treatment
10. Coughed/vomited blood		30. Blood in urine		47. Are you pregnant?
11. Severe abdominal pain		31. Diabetes		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
12. Stomach ulcer		32. Headaches/migraine		NIZWA HOSPITAL L.L.C.
13. Recurrent indigestion		33. Dizziness/fainting		1996 600, SULTANATE OF OMAN
14. Jaundice or hepatitis		34. Epilepsy		BADR AL SAMAA HOSPITAL L.L.C.
15. Gall Bladder disease		35. Joints/spinal trouble		2004
16. Marked change in bowel habits		36. Surgical operation		2005
17. Blood in stools (motions)		37. Serious accident/fracture		2006
18. Marked change in weight		38. Tropical disease		2007
19. Varicose veins		39. Fear of heights		2008
20. Lump in breast/armpit				2009
How much tobacco each day?		Average daily alcohol consumption		<i>Very rarely</i>
Have you ever taken elicited drugs? <input 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 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: <i>27/6/04</i>		Signature of Applicant: <i>Samuel</i>		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities				

SHF / T2M on medication


Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION												
N	A													
		1. Eyes & Pupils			Normal & Positive									
		2. E.N.T.			ear, nose, throat - normal.									
		3. Teeth & Mouth			Normal									
		4. Lungs & Chest			Normal									
		5. Cardiovascular System			S.M. (R) No murmur									
		6. Abdo. Viscera			B.P. M.S. (R) normal									
		7. Hemial 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 /mins.	HEARING L R	DISTANT	VISION NEAR				Colour Vision	Blood Group		
168	87.5	31	132/86	76	R Uncorrected Corrected	L R	R L L L	R L L L	Normal	(R)	AB+			
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
		1. Urinalysis			negative						7. Audiogram	131 (left ear)		
		2. Hb, Bloodcount, ESR			normal						8. Lung Function	normal		
		3. LFT, RFT, RBS			normal						9. Chest X-Ray	with moderate		
		4. Drug Screen			negative						10. ECG	sinus bradycardia 4 KHz		
		5. Lipids (40 years +)			normal						11. CVS risk for 40 yrs. & above			
		6. Sickle Cell test			normal						12. HIV, Hepatitis screening			
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)														
Tall / Stat on medication. DLP - advised lifestyle modification														
ASSESSMENT:														
FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>														
Date: 27/11/2021 Name (Block Capitals): Dr. / Nurse Signature:														
REVIEW/CONSULTATION														
Date: 27/11/2021 Name (Block Capitals): Dr. / Nurse Signature:														

Take ear protection in noisy environment.

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

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

