



1947



Dependence Authorized
by the Government of Oman
Badr Al Samaa Hospital, Ruwi & Nizwa

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME **SUKHWINDER SINGH**

AGE/D.O.B **40 Y, 01.03.1973**

DATE **06.05.2021**

PASS/ID NO: **69287153**

GENDER **MALE**

VISION-RT-EYE **6/6 WITHOUT GLASSES**

HEIGHT **174 CM**

LT-EYE **6/6 WITHOUT GLASSES**

WEIGHT **87 KG**

HEART **NORMAL**

BP **104/78 mmHg**

LUNGS **NORMAL**

PULSE **72/ Min**

ABDOMEN **NORMAL**

CNS **NORMAL**

SKIN **NORMAL**

ENT **NORMAL**

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
ECG	NORMAL
AUDIOGRAM	Normal hearing threshold with mild dip at 4000Hz B/L

FRAMINGHAM SCORE
Probability of developing cardiovascular disease in next 10 years is 5.6%

COMMENTS
* To use adequate ear protection in high noise environment
* DLP- Advised lifestyle modification

CONCLUSION MEDICALLY FIT

Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



SEAL



المقر الرئيسي:

س. ت. : ٩٩٢٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخبير : ٢٤٤٨٨٣٢٢ | ص. ب. : ٢٨٤٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٩١٨٣

بركاء : ٢٨٨٤٩٠ | صور : ٢٥٥٤٧١٢ | نزوى : ٢٥٤٤٧٧٧ | قلح : ٢٧٥٤١٣

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

Place of examination BADR AL SAMAA		Date 6/5/21	Surname SUKHWINDER SINGH	
If a dependant enter employee's name here: Surname:		Forenames:		
Birth date: 01.03.1973		Nationality:		Address
Country of birth:		Religion:		Home telephone number
<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
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	<input checked="" type="checkbox"/>
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"/>		
How much tobacco each day? Nu		Average daily alcohol consumption Nu		
Have you ever taken elicited drugs? (X) 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: 6/5/21		Signature of Applicant: Sukhwinder Singh		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE				
Further details of medical history and recreational activities				

SLP - cholecystectomy

Dr. B. VENKATESU KIIMAR

NO 44581

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION			
N	A						
		1. Eyes & Pupils		Normal & Reactive			
		2. E.N.T.		ear, nose & throat - normal			
		3. Teeth & Mouth					
		4. Lungs & Chest		normal			
		5. Cardiovascular System		S.H. @ No murmur			
		6. Abdo. Viscera		Soft, m. @ 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
174	87.5	28.9	104/78	72/min.	L R	DISTANT NEAR R L R L Uncorrected Corrected	
						6/6 6/6 N6 N6	(W) B1
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. Sickie Cell test					12. HIV, Hepatitis screening
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)							
sp. cholecystectomy in past DLP - 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: 6/1/21 Name (Block Capitals): Dr. / Nurse Signature:							
REVIEW/CONSULTATION							
Date: 6/1/21 Name (Block Capitals): Dr. / Nurse Signature:							



Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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

Take ear protection in noisy environment