



1947



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	NORMAL
SICKLING TEST	DLP
URINE ROUTINE	NEGATIVE
ECG	NORMAL
AUDIOGRAM	NORMAL
FRAMINGHAM SCORE	Normal hearing threshold with mild dip at 4000Hz B/L 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



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 SUKHINDER SINGH																																																																																																														
			Forenames :																																																																																																														
			Address																																																																																																														
			Home telephone number																																																																																																														
If a dependant enter employee's name here: Surname:		Forenames:																																																																																																															
Birth date: 01-03-1973		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	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Relationship to employee																																																																																																													
				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.)																																																																																																																	
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How much tobacco each day? Nu			Average daily alcohol consumption Nu																																																																																																														
Have you ever taken elicited drugs? (No) PDO test all new/potential employees for elicited/recreational drugs																																																																																																																	
FAMILY HISTORY: Diabetes (No) Tuberculosis (No) Epilepsy (No) Asthma (No) Eczema (No) Heart disease (No) High blood pressure (No) Stroke (No) Blood Disease (No) Cancer (No)																																																																																																																	
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: Sukhinder Singh																																																																																																															
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities																																																																																																																	

SIP - Cholecystectomy

Dr. B. VENKATESU KUMAR

M. NO 9446581



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION									
N	A			<p>Normal & Reactive</p> <p>ear, nose & throat - normal</p> <p>mmg</p> <p>SMR No mmg</p> <p>B.P. mm R</p> <p>normal</p> <p>normal</p> <p>normal</p> <p>normal</p> <p>normal</p> <p>normal</p> <p>normal</p> <p>normal</p>									
1. Eyes & Pupils													
2. E.N.T.													
3. Teeth & Mouth													
4. Lungs & Chest													
5. Cardiovascular System													
6. Abdo. Viscera													
7. Hernial Orifices													
8. Anus & Rectum													
9. Genito-urinary													
10. Extremities													
11. Musculo-skeletal													
12. Skin & Varicose Vns.													
13. C.N.S.													
HEIGHT cm		WEIGHT kg	BMI	B.P.	PULSE 72/mins.	HEARING L R	DISTANT	VISION NEAR		Colour Vision	Blood Group		
174		87.5	28.9	104/78				R Uncorrected 6/6	L Uncorrected 6/6	R Corrected NL	L Corrected NL	W	B+
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A				
✓		1. Urinalysis								7. Audiogram 131 lateral hearing			
✓		2. Hb, Bloodcount, ESR								8. Lung Function remaindly normal			
✓		3. LFT, RFT, RBS								9. Chest X-Ray with dip @ 4Kg			
	✓	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.)

SLP- cholecystectomy in past
DLP - Advised lifestyle modification

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FIT

Date: 6/5/21 - Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 6/5/21 Name (Block Capitals): Dr. / Nurse Signature:

Take ear protection in noisy
environment

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

[Signature]

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

