Schlumberger

Medical Fitness Certificate

Name of the Examined employee: RIZWAN ULLAH MUHAMMAD KAHN

Age: 46

ID NUMBER:

Job Title:

Date of Medical Examination: 08.08.2023

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

Assessment Result:

Fit to work without restrictions

This Certificate is valid for 2 years from the date of medical examination

Fitness Classifications:

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily of Definitely

Restrictions List:

R1: Unfit to work offshore, on marine vessels and in remote locations.
R2: Unfit for Lifting and strenuous efforts.
R3: Unfit to work in certain countries, check with geomarkethealth advisor.
R4: Unfit to work in jobs requiring precise color vision.
R5: Unfit to work in job with high level of noise.
R6: Unfit to work in high risk of malaria countries.
R7: Unfit to work in extreme heat.
R8: Unfit to work in extreme cold.
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.
R10: Unfit to work for a temporarily of time until further notice.
R11: Unfit to work in jobs requiring good visual acuity (eg: driving company vehicle).
R12: Fit only for defined period of time (1, 3 or 6 months) and must be reassessed and fitness redefined.
R13: Unfit to drive company vehicle.
R14: Unfit to fly long haul flights.
R15: Unfit to work in heights and confined spaces.

Examining Physician Stamp and signature

Dr. REHMAT MANSOOR SOLANKI
MEDICAL OFFICER
MOH Licence No.: 14330
APOLLO HOSPITAL MUSCAT

Hospital/Clinic Seal

C.R : 1792547
P.O. Box : 1097
Postal Code : 131
Sultanate of Oman
APOLLO HOSPITAL MUSCAT

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CONFIDENTIAL MEDICAL
TO BE COMPLETED BY THE EMPLOYEE

Med-check History Form		Name:	Rizwan Ullah
		GIN #	657375 63
Place of examination: Apollo Hospital	Date: 8/8/23	Mobile #	99691431
Age: 46	Nationality: Pakistani	Blood Group	
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Number of children:	

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		/			
4. Any ear discharge		/	24. Abnormal heartbeat		/	41. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis		/	25. High blood pressure		/			
6. Hayfever /other significant allergy		/	26. Stroke		/	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		/	27. Serious chest pain		/			
8. Tuberculosis		/	28. Any blood disease		/	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		/	29. Kidney disease		/			
10. Coughed/vomited blood		/	30. Blood in urine		/	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		/	31. Diabetes		/			
12. Stomach ulcer		/	32. Headaches/migraine		/	FOR WOMEN ONLY		
13. Recurrent indigestion		/	33. Dizziness/fainting		/	Have you ever had:-		
14. Jaundice or hepatitis		/	34. Epilepsy		/	45. An abnormal smear		
15. Gall Bladder disease		/	35. Joints/spinal trouble		/	46. Any gynaecological treatment		
16. Marked change in bowel habits		/	36. Surgical operation Tonsilectomy		/			
17. Blood in stools (motions)		/	37. Serious accident/fracture		/	47. Are you pregnant?		
18. Marked change in weight		/	38. Tropical disease		/	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		/	39. Fear of heights					
20. Lump in breast/armpit								

How much tobacco each day?	—	Average daily alcohol consumption	—

Have you ever taken elicited drugs? (N)

FAMILY HISTORY: Diabetes (F) Tuberculosis (F) Epilepsy (F) Asthma (F) Eczema (F)
Heart disease (F) High blood pressure (F) Stroke (F) Blood Disease (F) Cancer (F)

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's Doctors, and the details sent to them by the examining Doctor.

Date: 8/8/23

Signature of Applicant: RU