مجموعة مستشفيات ومستوصفات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare . . . Humane Care

6567

Organization Accredited by Joint Commission International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME	**DAVINDER SINGH RATTAN**		
AGE/D.O.B	51 Y , 26.02.1970	**DATE**	03.04.2021
PASS/ID NO:	84633664	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	164 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	69 KG
HEART	NORMAL	**BP**	136/78 mmHg
LUNGS	NORMAL	**PULSE**	72/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

RBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	NORMAL
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	NEGATIVE FOR STRESS INDUCES ISCHEMIA
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD & moderate SNHL at high frequency in Lt ear
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 2.4%

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. C.R. No. 1693808, SULTANATE OF OMAN
BADR NIZWA

FIT

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badroman.com

المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص. ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | الزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٠٤١٣١
البريد الإلكتروني info@badroman.com

Fitness to Work Certificate

Employee Data		Date : 03/04/21
Name : DAVINDER SINGH RATTAN		Department/Company
I.D No : 841033606 4	Age : 54	Occupation : Heavy vehicle driver

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refueling	A6	Fire /Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveler	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving& all heavy vehicles	A10	Transfers – group B country

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			Yes
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs.			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specifiy) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			
Temporary Unfit until			
Permanently Unfit			**Date**

FIT

Name of health advisor **Signature** **Date :** 03/04/21

B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C.
C.R No. 1/89380/8, SULTANATE OF OMAN
NIZWA

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 DAVINDER SINGH RATTAN

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 03/4/24

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 26 02 1972 | Nationality: | Country of birth: | Religion:

☑ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | Number of children:

Reason for examination Pre-Employment Job: ☐

Pre-Overseas Area: ☐

Name and address of family doctor

List your last 3 jobs
(1)
(2)

Are you a Registered Disabled Person? (UK only) ☐

Do you belong to any Medical Insurance Scheme? ☐

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		✓			
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? NIL

Average daily alcohol consumption Nil – very Rarely

Have you ever taken elicited drugs? (✓) PDO test all new/potential employees for elicited/recreational drugs

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

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: 03/04/24 **Signature of Applicant:** Davinder Singh

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

BADR AL SAMAA HOSPITAL L.L.C. C.R No. 1/693808, SULTANATE OF OMAN NIZWA BADR

Dr. 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.	
		3. Teeth & Mouth	
		4. Lungs & Chest	NVBS (+) No wheeze
		5. Cardiovascular System	S1 S2 (+), RR (+)
		6. Abdo. Viscera	normal
		7. Hernial 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	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
164	69	25.7	136/78	72 mins.	L R	Uncorrected Corrected	6/6	6/6	N/6	N/6	✓	B+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TMT - negative for chest pain during exercise.	✓		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. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:

FIT ALL AREAS ☑ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT** ☐

FIT

Date: 03/4/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 03/4/21 Name (Block Capitals): Dr. / Nurse Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA SULTANATE OF OMAN