

Medical Fitness Certificate

Name of the Examined employee: MUHAMMAD KASHIF UMAR HAYAT

Age: 31

ID NUMBER:

Job Title:

Date of Medical Examination: 12.08.2023

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

Assessment Result:

Fit to work without restrictions

This Certificate is valid for 3 years from the date of medical examination

~~Fitness Classifications:~~

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily or 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



Med-check History Form			Name:	Muhammad Kashif	
			GIN #	121716976	
Place of examination		Date	Mobile #	79538478	
Apollo Hospital		12/8/23			
Age: 31	Nationality: Pakistani		Blood Group		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> 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.)					
1. Sinus trouble		Y	N	21. Cancer	
2. Neck swelling/glands		✓		22. Heart Disease	
3. Difficulty in vision		✓		23. Rheumatic fever	
4. Any ear discharge		✓		24. Abnormal heartbeat	
5. Asthma/bronchitis		✓		25. High blood pressure	
6. Hayfever /other significant allergy		✓		26. Stroke	
7. Any skin trouble		✓		27. Serious chest pain	
8. Tuberculosis		✓		28. Any blood disease	
9. Shortness of breath		✓		29. Kidney disease	
10. Coughed/vomited blood		✓		30. Blood in urine	
11. Severe abdominal pain		✓		31. Diabetes	
12. Stomach ulcer		✓		32. Headaches/migraine	
13. Recurrent indigestion		✓		33. Dizziness/fainting	
14. Jaundice or hepatitis		✓		34. Epilepsy	
15. Gall Bladder disease		✓		35. Joints/spinal trouble	
16. Marked change in bowel habits		✓		36. Surgical operation	
17. Blood in stools (motions)		✓		37. Serious accident/fracture	
18. Marked change in weight		✓		38. Tropical disease	
19. Varicose veins		✓		39. Fear of heights	
20. Lump in breast/armpit		✓			
How much tobacco each day?		10/DAY		Average daily alcohol consumption	
Have you ever taken elicited drugs? ()		Nil		Nil	
FAMILY HISTORY: Diabetes (M) 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's Doctors, and the details sent to them by the examining Doctor.					
Date:					
Signature of Applicant:					