

#1976



MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME

GURJANT SINGH

E/D.O.B

51 Y, 28.03.1970

DATE

07.11.2021

SS/ID NO:

89640409

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

176 CM

-EYE

6/6 WITHOUT GLASSES

WEIGHT

72 KG

ART

NORMAL

BP

132/76 mmHg

NGS

NORMAL

PULSE

62/Min

DOMEN

NORMAL

CNS

NORMAL

N

NORMAL

ENT

NORMAL

INVESTIGATIONS

OD GROUP
 MOGRAM
 PROFILE

LING TEST

OGRAM

IENTS

IFG
A POSITIVE
NORMAL
NORMAL
Hyperuricemia
NORMAL
NEGATIVE
NORMAL
NORMAL

NEGATIVE FOR STRESS INDUCED ISCHAEMIC

Normal hearing threshold with mild dip at 4000HZ B/L

* FBS - IFG - Advised diabetic diet

* To use adequate ear protection in high noise environment

* Hyperuricemia - Advised followup

MEDICALLY FIT

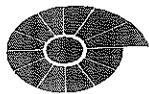


B. VENKATESH KUMAR
 CARDIOLOGIST
 MOH NO#14581

443, P.C. 112,
 Tel: +968 24799760, Fax: 24799765
 Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830
 25546112 | Nizwa : 25447777 | Falaj : 26754131

المقر الرئيسي : س.ت. ٢٩٤٨٨٦ ، ص.ب. ٤٤٣ ، الرمز البريد: ٢٢٣
 روسي سلطنة عمان. هاتف: +٩٦٨٦٧٦٧٦٥٣٦ ، فاكس: +٩٦٨٦٧٦٥٣٦٧٥٣
 الخويف: +٩٦٨٦٣٢٢٣٣٣٣ | صلالة: +٩٦٨٦٣٢٥٦٧٩٣ | العُرُوب: +٩٦٨٦٣٢٥٦٧٧٧٧
 بركراء: +٩٦٨٦٣٢٥٥٥٣ | صور: +٩٦٨٦٣٢٥٥٣ | فجالة: +٩٦٨٦٣٢٥٥٣
 البريد الإلكتروني: Info@badroman.com

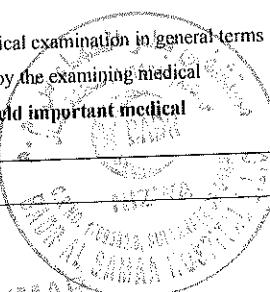
Appendix 32: EX1 Form (Initial Examination Report)
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
 MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
 DETAILS IN BLOCK CAPITALS

Place of examination BADR AL SAMAA		Date 7/4/11	Surname CALURJANT SINGH Forenames : Address Home telephone number																																																																																																																																																														
If a dependant enter employee's name here: Surname: _____		Forenames: _____ Birth date: _____ 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		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"/>		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.)																																																																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Y</th> <th style="text-align: center; padding: 2px;">N</th> <th style="text-align: center; padding: 2px;">Y</th> <th style="text-align: center; padding: 2px;">N</th> <th style="text-align: center; padding: 2px;">Y</th> <th style="text-align: center; padding: 2px;">N</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">1. Sinus trouble</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">21. Cancer</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">HAVE YOU EVER BEEN:-</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">2. Neck swelling/glands</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">22. Heart Disease</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">40. Rejected for employment or insurance for medical reasons</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">3. Difficulty in vision</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">23. Rheumatic fever</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">41. Awarded benefits for industrial injury/illness</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">4. Any ear discharge</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">24. Abnormal heartbeat</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">42. Treated for a mental condition, e.g. depression</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">5. Asthma/bronchitis</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">25. High blood pressure</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">43. Treated for problem drinking or drug abuse</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">6. Hayfever/other significant allergy</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">26. Stroke</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">44. Exposed to toxic substance or noise</td> <td style="text-align: center; padding: 2px;">/</td> </tr> <tr> <td style="text-align: center; padding: 2px;">7. 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An abnormal smear</td> </tr> <tr> <td style="text-align: center; padding: 2px;">10. Coughed/vomited blood</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">30. Blood in urine</td> <td style="text-align: center; padding: 2px;">/</td> <td colspan="2" style="text-align: center; padding: 2px;">46. Any gynaecological treatment</td> </tr> <tr> <td style="text-align: center; padding: 2px;">11. Severe abdominal pain</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">31. Diabetes</td> <td style="text-align: center; padding: 2px;">/</td> <td colspan="2" style="text-align: center; padding: 2px;">47. Are you pregnant?</td> </tr> <tr> <td style="text-align: center; padding: 2px;">12. Stomach ulcer</td> <td style="text-align: center; padding: 2px;">/</td> <td style="text-align: center; padding: 2px;">32. 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VENKATESH KUMAR
CARDIOLOGIST
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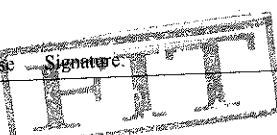
N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION								
N	A	1. Eyes & Pupils		Normal and Alert, Reflexes (P)						
		2. E.N.T.		B/L TM normal nose (n Throat) normal						
		3. Teeth & Mouth		Normal						
		4. Lungs & Chest		Normal						
		5. Cardiovascular System		Normal (P), NO murmur						
		6. Abdo. Viscera		Normal (P)						
		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 62/mins.	HEARING L R	DISTANT Uncorrected Corrected	VISION NEAR R L R L 6/6 6/6 N/6 N/6	Colour Vision (N)	Blood Group A+ve	
176	72.5	23.4	132/76							
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A			
✓		1. Urinalysis				✓		7. Audiogram B/L hearing		
✓		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:

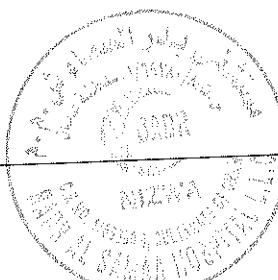
FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 11/12/21 Name (Block Capitals): Dr. / Nurse Signature



REVIEW/CONSULTATION

Date: 11/12/21 Name (Block Capitals): Dr. / Nurse Signature



Dr. Venkatesh Kumar
Cardiologist
MCH No 14581

Dr. Venkatesh Kumar
Cardiologist
MCH No 14581