

## **MEDICAL FITNESS CERTIFICATE FOR P.D.O**

**NAME**

PRADEEP PARUVAKKAL RAJAPPAN

AGE/D.O.B	50 Y, 06.01.1971	DATE	07.11.2021
PASS/ID NO:	79917731	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	176 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	79 KG
HEART	NORMAL	BP	140/92 mmHg
LUNGS	NORMAL	PULSE	76/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

## **INVESTIGATIONS**

RBS	Elevated
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LIPID PROFILE	NORMAL
RFT	NORMAL
LFT	Slightly elevated Bilirubin
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	NEGATIVE FOR STRESS INDUCED ISCHAEMIC
AUDIOGRAM	Normal hearing threshold with mild dip at 4000HZ Lt ear
FRAMINGHAMS SCORE	Probability of developing cardiovascular disease in next 10 years is 4.6 %

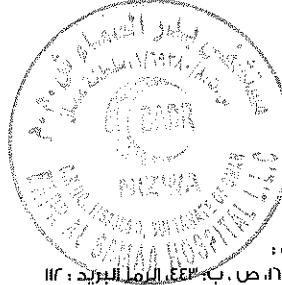
**COMMENTS**      \* To use adequate ear protection in high noise environment  
                          \* K/C/O-T2DM/SHT On oral medication regularly  
                          \* Slightly elevated Bilirubin- Advised treatment if symptomatic

## CONCLUSION

### **MEDICALLY FIT**

**Signature:** .....

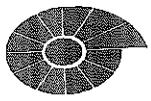
DR. B. VENKATESH KUMAR  
CARDIOLOGIST  
MOB NO: 914582



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Email: [info@badroman.com](mailto:info@badroman.com)

**Appendix 32: EX1 Form (Initial Examination Report)**

**INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)**



**Petroleum Development Oman  
MEDICAL DEPARTMENT**

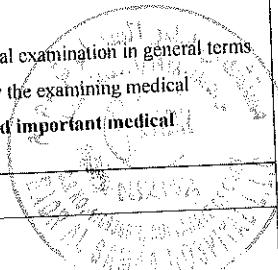
PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname		DANDEEP DHARWATRAI RAHMAN	
Forenames :			
Address			
Home telephone number			

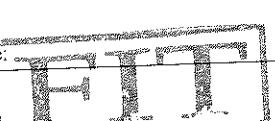
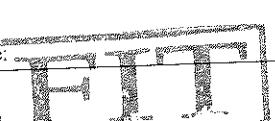
Place of examination <b>BADR AL SAMAA</b>		Date <b>07/11/21</b>																																																					
If a dependant enter employee's name here:																																																							
Surname:		Forenames:																																																					
Birth date:	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	<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"/>		List your last 3 jobs																																																					
Name and address of family doctor		(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? <b>NU</b> Average daily alcohol consumption <b>Very question</b> Have you ever taken elicited drugs? <input type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																							
<b>FAMILY HISTORY:</b> Diabetes <input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>																																																							
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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: <b>07/11/21</b>	Signature of Applicant:																																																						
<b>FOR COMPLETION BY EXAMINING DOCTOR OR NURSE</b> Further details of medical history and recreational activities																																																							

T 2m / SHT on medi bottom  
SIP - (P) Eye External Rx

Father - SHT / Father - G. Throat



MR. SHAKTAN KHANDEKAR  
CARDIOLOGIST  
MOP NO. 4581

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION								
N	A											
		1. Eyes & Pupils			Normal & Routine (P) Eye Catarcic syndrome							
		2. E.N.T.			Peer -> B/L TM normal, NO ear throat, nose							
		3. Teeth & Mouth			Normal							
		4. Lungs & Chest			Normal							
		5. Cardiovascular System			Sth (P) No murmur (P) BP							
		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 b/mins.	HEARING L R	DISTANT	VISION NEAR		Colour Vision		Blood Group	
176	79.5	28.7	110/92				R L	R L			O +ve	
				Uncorrected				Corrected				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
✓		1. Urinalysis						7. Audiogram B/L hearing				
✓		2. Hb, Bloodcount, ESR						8. Lung Function normal with mild				
✓		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.)												
Tm / SAT on medi Etcham												
ASSESSMENT:												
FIT ALL AREAS		<input checked="" type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT		<input type="checkbox"/>				
Date: 09/11/21 Name (Block Capitals): Dr. / Nurse Signature: 												
REVIEW/CONSULTATION 												
Date: 09/11/21 Name (Block Capitals): Dr. / Nurse Signature: 												

Isaiah

20

M. VENKATESH KUMAR  
CARDIOLOGIST  
MCGH NOVASCN