



مجموعة مستشفيات ومستوصفات بدر الساماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

#1975



Organized & Approved
by JCHC, Government of Oman
Badr Al Samaa Hospital, Ruwi & Al Khoud

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

LIPIDPROFILE

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
MOH NO#14589

FIT



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المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ٢٤٧٩٩٧٦٥

روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

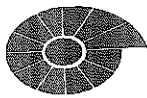
الخوير : ٢٤٤٨٨٣٢٢ | ص. ب. : ٢٤٤٨٨٣٢٢ | الخوض : ٢٤٥٤٦٩٩٠ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | اللوى : ٢٥٤٤٧٧٧٧ | فلاج : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



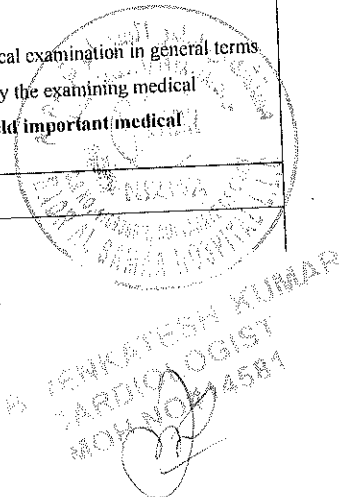
Petroleum Development Oman
MEDICAL DEPARTMENT

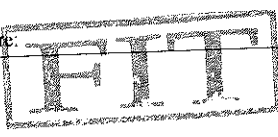

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname PREDEEP DEVIJAN		Forenames : RIKHADEAN	
Address BADR AL SAMAA		Home telephone number	
Place of examination BADR AL SAMAA		Date 07/11/21	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:		Country of birth:	
Nationality:		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"/>			
Name and address of family doctor		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.)			
		Y	N
1. Sinus trouble			
2. Neck swelling/glands			
3. Difficulty in vision			
4. Any ear discharge			
5. Asthma/bronchitis			
6. Hayfever/other significant allergy			
7. Any skin trouble			
8. Tuberculosis			
9. Shortness of breath			
10. Coughed/vomited blood			
11. Severe abdominal pain			
12. Stomach ulcer			
13. Recurrent indigestion			
14. Jaundice or hepatitis			
15. Gall Bladder disease			
16. Marked change in bowel habits			
17. Blood in stools (motions)			
18. Marked change in weight			
19. Varicose veins			
20. Lump in breast/armpit			
How much tobacco each day? NU		Average daily alcohol consumption Very occasional	
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: 07/11/21		Signature of Applicant:	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE			
Further details of medical history and recreational activities			

Tam / SHS on medli G. Atom
SP - (2P) Eye (G. Atom) S.

Tam - SHS / Tam - G. Atom



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION									
N	A												
		1. Eyes & Pupils		Normal of Routine, (P) Eye ataxic dysclonus									
		2. E.N.T.		} ear -> B/L TM normal, Nose -> throat normal									
		3. Teeth & Mouth											
		4. Lungs & Chest		Normal									
		5. Cardiovascular System		Sick (P), No murmur									
		6. Abdo. Viscera		Normal soft, no (P)									
		7. Hernial Orifices											
		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		
176	79.5	25.7	140/92	74 mins.	L R	DISTANT	NEAR	R L R L	Uncorrected	Corrected	(P)	O+ve	
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
		1. Urinalysis				TMT - Negative for Stem Ischemic Ischemic.							
		2. Hb, Bloodcount, ESR											
		3. LFT, RFT, RBS											
		4. Drug Screen											
		5. Lipids (40 years +)											
		6. Sickle Cell test											
7. Audiogram													
8. Lung Function													
9. Chest X-Ray													
10. ECG													
11. CVS risk for 40 yrs. & above													
12. HIV, Hepatitis screening													
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)													
Tmt / Hb on medication													
ASSESSMENT:													
FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>													
Date: 07/11/21 Name (Block Capitals): Dr. / Nurse Signature: 													
REVIEW/CONSULTATION													
Date: 07/11/21 Name (Block Capitals): Dr. / Nurse Signature: 													

Dr. J. K. Venkatesh Kumar

J. K. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

