



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

1294



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

MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME : PAUL PULICKAL POULOSE

AGE/D.O.B : 56 Y, 04.01.1965 DATE : 16.03.2021

PASS/ID NO: 79957216 GENDER : MALE

VISION-RT-EYE : 6/6 WITHOUT GLASSES HEIGHT : 178 CM

LT-EYE : 6/6 WITHOUT GLASSES WEIGHT : 86 KG

HEART : NORMAL BP : 160/98 mmHg

LUNGS : NORMAL PULSE : 88/Min

ABDOMEN : NORMAL CNS : NORMAL

SKIN : NORMAL ENT : NORMAL

INVESTIGATIONS

RBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	NORMAL
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	LVH
TMT	NEGATIVE FOR STRESS INDUCED ISCHEMIA
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 10.5 %

COMMENTS :

- * Known HTN since 4 years on Loser-25-OD
- * TMT positive in past 2019
- * S/P-CAG-Normal[19.08.2019] in India
- * BP mildly elevated- HTN drug Hiked

CONCLUSION : MEDICALLY FIT

Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحر : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٥٤١٣١
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 <u>DELU PULICKAL POULOSE</u>	
Forenames :	
Address	
Home telephone number	
Place of examination BADR AL SAMAA	Date <u>16/3/21</u>
If a dependant enter employee's name here:	
Surname:	Forenames:
Birth date: <u>04.01.1965</u>	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
1. Sinus trouble	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	
HAVE YOU EVER BEEN:-	
40. Rejected for employment or insurance for medical reasons	
41. Awarded benefits for industrial injury/illness	
42. Treated for a mental condition, e.g. depression	
43. Treated for problem drinking or drug abuse	
44. Exposed to toxic substance or noise	
FOR WOMEN ONLY	
Have you ever had:-	
45. An abnormal smear	
46. Any gynaecological treatment	
47. Are you pregnant?	
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? <u>None</u>	
Average daily alcohol consumption <u>twice a week 100ml/hr</u>	
Have you ever taken elicited drugs? <u>No</u> PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes <u>(x)</u> Tuberculosis <u>(x)</u> Epilepsy <u>(x)</u> Asthma <u>(x)</u> Eczema <u>(x)</u>	
Heart disease <u>(x)</u> High blood pressure <u>(x)</u> Stroke <u>(x)</u> Blood Disease <u>(x)</u> Cancer <u>(x)</u>	
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: <u>16/3/21</u>	Signature of Applicant: <u>[Signature]</u>
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE	
Further details of medical history and recreational activities	

S/p- CHG - 2019 - Nomad
SHT

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION								
N	A											
		1. Eyes & Pupils										
		2. E.N.T.										
		3. Teeth & Mouth										
		4. Lungs & Chest										
		5. Cardiovascular System										
		6. Abdo. Viscera										
		7. Hernial Orifices										
		8. Anus & Rectum										
		9. Genito-urinary										
		10. Extremities										
		11. Musculo-skeletal										
		12. Skin & Varicose Vns.										
		13. C.N.S.										
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Colour Vision	Blood Group			
178	86	27.1	160 / 98	88/min.				(2)	O+			
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A				
☒		1. Urinalysis			Tmt - negative for Hem Jodine Johannis				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. Sickie Cell test						12. HIV, Hepatitis screening				
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)												
SHR 2004 doctor - 25												
Tmt - positive in 2019 / SLP - COG - 2019 - (2)												
PPS - mildly elevated - drug linked to song/de												
ASSESSMENT:												
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐												
Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:												
REVIEW/CONSULTATION												
Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:												

