MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME	ARJUNAN VILAKKATHALA VALAPPIL SANKARAN		
AGE/D.O.B	50 Y , 20.01.1971	DATE	13.03.2021
PASS/ID NO:	70108638	GENDER	MALE
VISION-RT-EYE	6/6 WITH GLASSES	HEIGHT	170 CM
LT-EYE	6/6 WITH GLASSES	WEIGHT	65 KG
HEART	NORMAL	BP	136/88 mmHg
LUNGS	NORMAL	PULSE	72/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	ELEVATED
HbA1c	13.80%
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	NORMAL
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	NEGATIVE FOR STRESS INDUCED ISCHEMIA
AUDIOGRAM	Normal hearing loss with mild SNHL B/L
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 4.6 %

COMMENTS

* To use adequate ear protection in high noise environment
* Known T2Dm since 7 years on regular
* High HbA1c- Advised for dose modification of DM drugs
* To repeat FBS & PBBS after 2 weeks

CONCLUSION FITNESS AFTER SUGAR CONTROL

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR NIZWA
C.R No. 1/693808/8, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

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المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٠٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : 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 ARJUNAN VILAKKATHALA VALAPPIL SANKARAN

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date

If a dependant enter employee's name here:

Surname: | Forenames:

Birth date: 20.01.1971 | Nationality: | Country of birth: | Religion:

☑ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | Number of children:

Reason for examinationPre-EmploymentJob: ☐

Pre-OverseasArea: ☐

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		Y	N
1. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever/other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes	✓				
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		✓
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? Nil | Average daily alcohol consumption Nil

Have you ever taken elicited drugs? (x) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (✓) 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 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: 13/3/21 **Signature of Applicant:** [signature]

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

T2DM x 04 medication

[signature]

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

مستشفى بدر السماء ... نزوى
BADR AL SAMAA HOSPITAL L.L.C. NIZWA, SULTANATE OF OMAN
C.R. No. 1/69380/8

N	A		PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	NVBS
		5. Cardiovascular System	S1 S2 (+) No murmur
		6. Abdo. Viscera	Soft, BS (+)
		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.	NFND

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
170	65.1	22.5	136/88	72/mins.	L / R	Uncorrected 6/6 / Corrected	6/6	N6	N6	N	O+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Intermittent for Stress Induced Salivas			7. Audiogram Bilateral normal to mild UNHL
✓		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.)

Tam on medication & review

ASSESSMENT:

FIT ALL AREAS ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT** ☐

Date: 13/03/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 13/03/24 Name (Block Capitals): Dr. / Nurse Signature:

مستشفى بدر السماء ش.م.م
BADR AL SAMAA HOSPITAL L.L.C.
BADR NIZWA
C.R No. 1/69380/8, SULTANATE OF OMAN

Dr. SAJILA P.P
MBBS., DNB (ENT)., DLO.
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