

Part one: Declaration

Completing this assessment will assist in determining if reasonable accommodation is necessary for you to perform the proposed job.

BP Privacy Notice

BP International Limited (BP), registered at Chertsey Road, Sunbury on Thames, Middlesex, TW16 7BP company number [], will use the information which is contained on this form and additional information collected during your medical assessments ("your information") for the purpose of assessing your fitness to work and/or to assess your suitability to go on an international assignment (if relevant).

Your information will be processed by BP health team staff in the appropriate BP offices and other medical service providers who supply services to BP, who are under a duty of confidentiality. All records are kept in line with BP's Records Retention Schedule.

Since BP operates globally, BP may need to transfer your information to other countries, including countries outside the European Economic Area (EEA). However, we always seek to ensure that your information receives the same level of protection as it would within the EEA. Should you have any questions about the use of Your information, please contact your BP Health Team.

Declaration

I certify that the information I have provided on this Form is to the best of my knowledge correct and complete. I confirm that I have read and agree to the use of my information as outlined in the BP Privacy Notice above.

I confirm that I understand an opinion will be made on my fitness to work and/or suitability to go on an international assignment (if relevant). I will contact BP health team for advice if there is any change to my health which may affect my fitness to work and/or suitability to go on an international assignment (if relevant).

Signature



Date

15/8/24
(dd/mm/yyyy)

Name (please print)



Fitness to Work Certificate for drivers

Employee Data:		Date 15/8/24	
Name FIDA HUSSAIN		Department/Company	
ID No. 79727149	Age 36 Y	Occupation DRIVER	
Type of Medical Evaluation:		Mark those applying ✓	
A5- HVD- Crans or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	
<p>Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.</p>			
Fit with no restrictions		<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <b style="font-size: 2em; color: blue;">FIT </div>	
Fit with following restriction(s)			
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>		
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Name of health advisor		Signature	Date





Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data	Date: 15/8/24
Name: FIDA HUSSAIN	Department/Company:
I. D No. 79727149 Tel #	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze
1 Slight chance of dozing
2 Moderate chance of dozing
3 High chance of dozing

0 sitting and reading
0 watching TV
0 sitting inactive in a public place (e.g. theatre or meeting)
0 as a passenger in the car for an hour without a break
1 Lying down to rest in the afternoon when circumstances permit
1 Sitting and talking with someone
0 Sitting quietly after lunch without alcohol
0 In a car, while stopped for a few minutes in traffic

Total 2

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, _____ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: _____



Part one: Declaration

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Signature

فيرا حسين

Date

15/8/24
(dd/mm/yyyy)

Name (please print)



Part Two: Basic Details

Personal Details

Surname	<input type="text" value="HUSSAIN"/>	Maiden Name	<input type="text"/>
First Name(s)	<input type="text" value="FIDA"/>	Date of Birth	<input type="text" value="23-11-1987"/>
Gender	<input type="text" value="Male"/>	Current location	<input type="text"/>
Home Address	<input type="text"/>		
Postcode / zip	<input type="text"/>	Preferred Contact number	<input type="text"/>
Email	<input type="text"/>	Mobile number / Cell phone	<input type="text"/>
BP staff	<input checked="" type="checkbox"/> Yes	(if not please state your Employer)	<input type="text"/>
Employee ID	<input type="text"/>		
Proposed Work Country	<input type="text"/>	Proposed Work Site	<input type="text"/>
Segment / Division / Function	<input type="text"/>		
Business unit	<input type="text"/>		
New job Title	<input type="text"/>	New Line Manager	<input type="text"/>

Reason for Health Assessment

Pre-employment	<input type="checkbox"/> Yes
Pre-placement / transfer	<input type="checkbox"/> No
Post absence	<input type="checkbox"/> No
For cause	<input type="checkbox"/> No
Periodic	<input type="checkbox"/> No

List of Tasks / Roles

Aircraft Refueller	<input type="checkbox"/> No
Confined Space Worker	<input type="checkbox"/> No
Crane Operator	<input type="checkbox"/> No
Professional Driver	<input type="checkbox"/> No
Expatriation / Rotation Work	<input type="checkbox"/> No
Fire and Emergency Crew	<input type="checkbox"/> No
Offshore Worker	<input type="checkbox"/> No
Remote Worker	<input type="checkbox"/> No
SCBA /Respirator User	<input type="checkbox"/> No
Work at Height / Depth / Embarkation	<input type="checkbox"/> No
Work in Extreme Cold	<input type="checkbox"/> No
Work in Extreme Heat	<input type="checkbox"/> No



Part Three: General Health

To be completed during appointment with Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1987**

Please Provide Details

Do you have any concern about your health that you would like to discuss confidentially with an occupational health professional? No

Please answer these questions

Are you able to perform all the tasks required for this job? Yes

Do you require any adjustments to enable you to perform all the tasks as above? No

Are you currently having or awaiting investigations or treatment for physical or psychological health conditions? No

Are you taking any medication(s)? No

Do you have any allergies? No

Please Provide Details

Please complete this section if you have ticked any of the tasks / roles.

Recent surgery (within 6-8 weeks) No

Heart disease or angina? No

Diabetes? No
If yes, please specify type.

Chest problems, breathing difficulties, wheezing, recurrent bronchitis or pneumothorax in the last year? No

Asthma? No

Sinusitis / Persistent ear problems? No

Transient ischaemic attacks (TIA) or stroke (CVA) or brain haemorrhage? No

Epilepsy? No

Balance problems or vertigo? No

Please Provide Details



To be completed during appointment with Health Practitioner.

Part Three: General Health

Name

FIDA HUSSAIN

Date of Birth

23-11-1987

Please answer these questions for ALL tasks / roles.

Do you suffer from or have you had any of the following?

Please provide details

Any infectious disease, malaria, tuberculosis, travellers' diarrhoea or other specific infectious illness?

No

Are you pregnant at the moment? If so, please specify when the baby is due.

No

A sleep disorder, sleep apnoea or narcolepsy?

No

Cancer, immunosuppression, or any other significant health condition not mentioned previously?

No

Please answer these additional questions for the following tasks / roles ONLY: Expatriation / Rotation work, Offshore Worker, Remote Worker, Work in Extreme Cold, Work in Extreme Heat.

Do you suffer from or have you had any of the following?

Please provide details

Removal of your spleen?

No

Thrombosis (eg blood clot, deep vein thrombosis, pulmonary embolism)?

No

Kidney or bladder stones?

No



Part Four: Clinical Examination

To be completed by examining Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1987**

Please indicate units of measure as applicable			Please provide details			
Baseline Assessment	Height		180			
			cm	ft	ins	
	Weight		50			
			kg	st	lbs	
	Body Mass Index (BMI)	wt(kg)/ht(m) ²	15.4			
	Radial pulse	per minute	48			
	Blood Pressure	Systolic		Diastolic		
		Final Reading Only		Final Reading Only		
* blood pressure to be taken after 5 minutes rest.		105		62		
Urine Test	Normal	Yes				
Comments						

Right			Comments			Left			Comments		
Visual Assessment	Light reflexes	Normal	Yes			Normal	Yes				
	Accommodation	Normal	Yes			Normal	Yes				
	Nystagmus	Normal	Yes			Normal	Yes				
	Eye movements	Normal	Yes			Normal	Yes				
	Peripheral Vision	Normal	Yes			Normal	Yes				
	Fundoscopy	Normal	Yes			Normal	Yes				
	Visual Acuity	Right Corrected	Right Uncorrected			Left Corrected	Left Uncorrected	Both Corrected	Both Uncorrected		
Distance Vision 7/6 7/20	6/6				6/6						6/6
Intermediate Vision											
Near Vision	Normal				Normal						
Colour Vision - Ishihara	Normal	Colour recognition if abnormal									
Select appropriate	Yes										



Part Four: Clinical Examination

To be completed by examining Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1987**

		Right	Comments	Left	Comments
Hearing Assessment	Auditory meatus	Normal <input checked="" type="checkbox"/>		Normal <input checked="" type="checkbox"/>	
	Tympanic membrane	Normal <input checked="" type="checkbox"/>		Normal <input checked="" type="checkbox"/>	
	Hearing (whispered voice)	Normal <input checked="" type="checkbox"/>		Normal <input checked="" type="checkbox"/>	
	Rinne (if indicated)	Normal		Normal <input checked="" type="checkbox"/>	
	Weber (if indicated)	Normal		Normal <input checked="" type="checkbox"/>	
		Not applicable			
		Normal	Comments		
General	Head and Neck	<input checked="" type="checkbox"/>	NORMAL		
	Teeth / gums / oral hygiene	<input checked="" type="checkbox"/>			
	Tongue / Fauces	<input checked="" type="checkbox"/>			
	Thyroid	<input checked="" type="checkbox"/>			
	Lymph glands	<input checked="" type="checkbox"/>			
	Axillae	<input checked="" type="checkbox"/>			
		Normal			
Cardio-Vascular	Heart murmurs	<input checked="" type="checkbox"/>	NORMAL		
	Heart sounds	<input checked="" type="checkbox"/>			
	Peripheral pulses	<input checked="" type="checkbox"/>			
	Peripheral veins	<input checked="" type="checkbox"/>			
		Normal	Comments		
Respiratory	Nasal Airways	<input checked="" type="checkbox"/>	NORMAL		
	Trachea	<input checked="" type="checkbox"/>			
	Chest shape / movement	<input checked="" type="checkbox"/>			
	Percussion	<input checked="" type="checkbox"/>			
	Breath sounds	<input checked="" type="checkbox"/>			



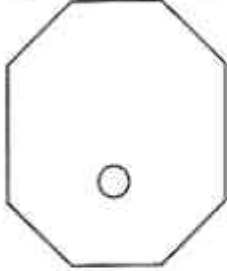
Part Four: Clinical Examination

To be completed by examining Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1987**

	Normal	Comments
Gastro-Intestinal / Abdomen	Abdomen <input type="checkbox"/> Yes	NORMAL
	Liver <input type="checkbox"/> Yes	
	Spleen <input type="checkbox"/> Yes	
	Kidneys <input type="checkbox"/> Yes	
	Hernial orifices <input type="checkbox"/> Yes	

Gastrointestinal System: Abdomen:	Comments
	NORMAL

	Normal	Comments
Musculoskeletal	Hands / feet <input type="checkbox"/> Yes	NORMAL
	Limbs <input type="checkbox"/> Yes	
	Back and neck <input type="checkbox"/> Yes	
	Joints <input type="checkbox"/> Yes	
	Injuries. Any residual disability <input type="checkbox"/> Yes	



Part Four: Clinical Examination

To be completed by examining Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1987**

		Normal			Comments			
Nervous	Balance		Yes					
	Power		Yes					
	Tone		Yes					
	Co-ordination		Yes					
		BIC	TRI	SUP	KNE	ANK	PLA	Comments
Reflexes	Right				Yes	Yes	Yes	
Present	Left				Yes	Yes	Yes	

		Normal			Comments		
Other	Skin		Yes		NORMAL		
	Mental state		Yes				
	Audiometry assessment		Yes				
	Spirometry assessment		Not Examined				

Skin	Description	NORMAL

Additional Notes

Summary (summarise information relevant to the task)

Low BMI, Left Exotropia and Sinus Bradycardia.



Part Five: Immunisation History

To be completed by examining Health Practitioner.

Name **FIDA HUSSAIN**

Date of Birth **23-11-1967**

Please update and give immunisations as appropriate

Vaccine	Primary Course Completed	Date of Last dose or Date given (dd/mm/yyyy)
BCG / TB Status		
Diphtheria		
Hepatitis A		
Hepatitis B		
Influenza		
Japanese Encephalitis		
Meningitis ACWY		
Polio		
Rabies		
Tetanus		
Tickborne Encephalitis		
Typhoid		
Yellow Fever		
Measles/Mumps/Rubella		
Varicella		

Children: please specify last dose of childhood immunisations and when next dose due.

Additional Comments



Part Six: Travel Health Advice

CHECKLIST TO BE COMPLETED BY HEALTH CARE PROVIDERS FOR BUSINESS TRAVELLER, EXPATRIATE OR ROTATOR.

Name	FIDA HUSSAIN	Date of Birth	23-11-1987
Travel Health Advice Checklist		Completed	
Travel immunisation information			No
Food & water precautions			No
Importance of reporting illness			No
Pregnancy			No
Prevention of travel related Deep Vein Thrombosis			No
Sexual health advice			No
Malaria / malaria tablets discussed and provided for destination			No
Bite avoidance measures			No
Travel Kit			No
Needle & syringe kit			No

Additional Comments

[Empty box for additional comments]




Part Seven: Investigations

APPLIES ONLY IF CLINICALLY INDICATED FOLLOWING HEALTH ASSESSMENT OR FOR EXPATRIATES OR ROTATORS AS PART OF THE HEALTH ASSESSMENT FOR HIGHER RISK COUNTRIES OR FOR VISA OR WORK PERMIT PURPOSES

Name **FIDA HUSSAIN** Date of Birth **23-11-1987**

Test	Results	Date	Health Professional
------	---------	------	---------------------

BLOOD TESTS

Full blood count and film	Normal	15/8/14	
Fasting blood sugar	Normal	✓	
Liver Function	Normal	✓	
Blood grouping	O+ve	✓	
QuantIFERON			
Other blood tests	<input type="checkbox"/>		
Chest X-Ray	<input type="checkbox"/>		
Other tests based on location specific risks eg hep B serology	<input type="checkbox"/>		

FIT

(Please specify) _____

Additional Comments



DEPARTMENT OF LABORATORY MEDICINE

File No: 50124091	Report No: 0128446
Name: FIDA HUSSAIN	Sample Date: 15/08/2024 Time: 10:22
Address:	Received By:
Gender: M Age: 36 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 79132025 ID Card No.: 79727149	Report Date: 15/08/2024 Time: 12:33
Ref. By: DR MASOOD SIDDIQUE	Bill No: 0318916 Bill Date: 15/08/2024
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BP FIT TO WORK - PACKAGE		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	6.02 x 10 ³ / μL	4.00-11.00 x 10 ³ / μL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	35.92 %	40-75%
LYMPHOCYTE (%)	42.76 %	20-45%
MONOCYTE (%)	6.78 %	2-8%
EOSINOPHIL (%)	12.81 %	1-6%
BASOPHIL (%)	1.73 %	0-1%
HAEMOGLOBIN	13.86 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	4.80 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	236.70 x 10 ³ / μL	150 - 400 x 10 ³ / μL
HEMATOCRIT	43.42 %	Male :42 - 52% Female:37- 47%
MCV	90.37 fl	76 - 96 fl
MCH	28.84 pg	27 - 33 pg
MCHC	31.91 gm/dl	32 - 36 gm/dl
FASTING BLOOD SUGAR	4.97 mmol/L	4.11 - 6.05 mmol/L
LIVER FUNCTION TEST		
TOTAL BIL IRUBIN	10.10 μ mol/L	Adults- up to 21 μ mol/L, Children: >1 month- up to 17 μ mol/L, Neonates : 1.7 - 180 μ mol/L
DIRECT BILIRUBIN	3.10 μ mol/L	Adults :- 0 - 5.0 μ mol/L, Neonates:- 0-10 μ mol/L,

Verified By:



10589

Lab Technologist

MCH License No: 17978
Electronically signed at: 15/08/2024 12:34:00

Approved By:



DR ROSE MARY

Specialist Pathologist

MCH License No: 18178
Electronically signed at: 15/08/2024 12:37:00



JPMC Specialty Hospital, LLC
P.O. Box 366615
Abu Dhabi, UAE

DEPARTMENT OF LABORATORY MEDICINE

File No: 50124091	Report No: 0128446
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	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
TOTAL PROTIEN	75.20 g/L	Adults : 66 - 87 g/L
ALBUMIN	44.50 g/L	39.7 - 49.4 g/L
Globulin	30.7 g/L	23-35g/L
SGOT (AST)	35.70 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	46.20 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	49.00 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	36.00 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L
ALCOHOL CHECK		
ETHANOL	NOT DETECTED g/L	< 0.1 g/L
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	4.6-8.0
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	

Verified By:



10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 8/15/2024 12:34:00

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 15/08/2024 12:37:00



Healthcare LLC

L.A.S. 1000137

PO Box 20944 - Jeddah - KSA

Tel: +966 11 209 4400

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	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CASI	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
DRUG SCREENING TEST 5 PANEL		
AMPHETAMINE	NEGATIVE	NEGATIVE
BARBITURATES	NEGATIVE	NEGATIVE
COCAINE	NEGATIVE	NEGATIVE
MARIJUANA	NEGATIVE	NEGATIVE
MORPHINE	NEGATIVE	NEGATIVE

BLOOD GROUP & RH TYPING "O" Rh POSITIVE

Confirmation of the Newborn's blood group is indicated when the "A" and "B" antigen expression and the isoagglutinins are fully developed (2-4 years).

Verified By:



10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 8/15/2024 12:34:00

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH License No: 15178

Electronically signed at: 15/08/2024 12:37:00



NMC Healthcare LLC

C.R. No: 149133

Subsidiary of NMC

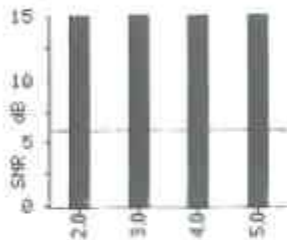
NMC Specialty Hospital, Al Jadda

AUDIOMETRY REPORT

U107.05
 15-AUG-24 12:17
 DP 4s 4 sec avg
 SN: G11005649 G12010484

NAME: _____

Left: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	64	55	4	-20	24	P
3.0	65	54	3	-16	18	P
4.0	63	52	4	-20	24	P
5.0	62	55	1	-20	21	P

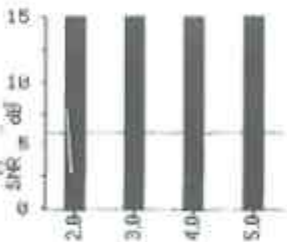
nt Fida Hussain

Sex M MRN 5012409 Date of Test 15/08/24

U107.05
 15-AUG-24 12:23
 DP 4s 4 sec avg
 SN: G11005649 G12010484

NAME: _____

Right: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	65	55	4	-14	18	P
3.0	65	55	4	-16	20	P
4.0	64	53	8	-14	22	P
5.0	63	53	4	-13	17	P



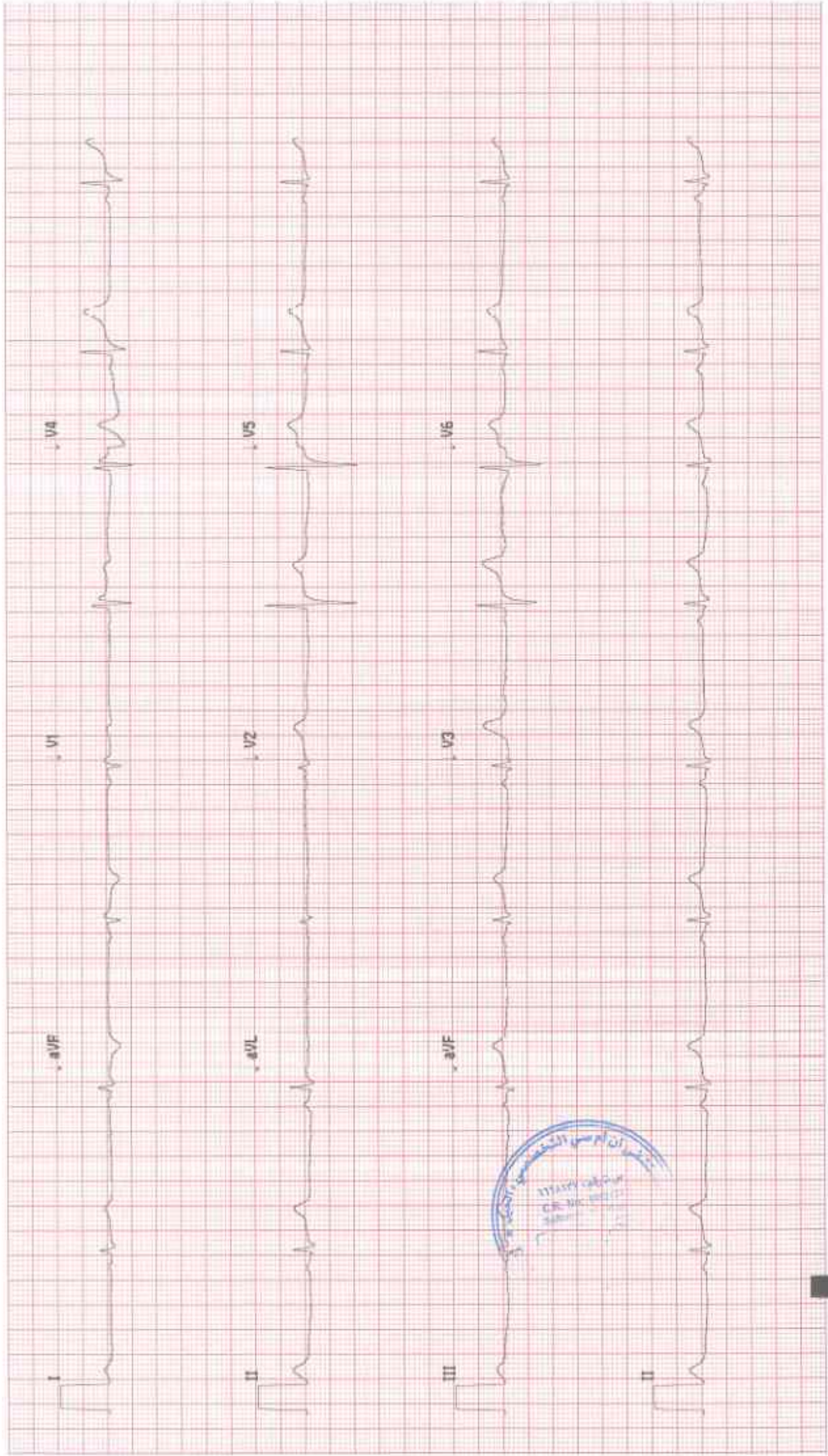
[Handwritten Signature]
 Signature of the Technician

48 BPM

PR int: 142 ms
QRS dur: 113 ms
QT/QTc: 453/421 ms
P-R-T axes: 73 51 70

SINUS BRADYCARDIA WITH SINUS ARRHYTHMIA
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK (90+ ms QRS DURATION, TERMINAL R IN V1/V2, 40+ ms S IN I/aVL/V4/V5/V6)
PROBABLE INFERIOR MYOCARDIAL INFARCTION (35 ms Q WAVE IN II/aVF), OF INDETERMINATE AGE
ABNORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

UNCONFIRMED REPORT



مركز القلب
مستشفى الملك سعود
الرياض
11564

BP Medical (FTW)

Ahmed Al Marzouqi <ahmed@truckomangroup.com>

Wed 8/14/2024 11:07 AM

To: NMC Hail [NMC Oman] <nmc.hail@nmcoman.com>; Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>
Cc: Sabri Al Mandhari <sabri@truckomangroup.com>; Basemanager <basemanagerblock61@khazzanlogistics.com>;
tinashe.mwerenga@bp.com <tinashe.mwerenga@bp.com>; klhadmin <klhadmin@khazzanlogistics.com>

📎 1 attachments (367 KB)

Passport - Fida Hussain.pdf

This email was sent from a source outside of NMC

Do NOT ACT on any instructions given on email unless you recognize the Sender, If in doubt please contact the Sender directly for confirmation. Do not click on links or open attachments unless you recognize the sender.

Dear NMC Team,

Please arrange BP (FTW) Medical today, for our new employee.

1. Fida Hussain - 9601.



Khazzan Warehouse
Management Services

Ahmed Al Marzouqi | HRA

KWMS, Truckoman Oil & Gas Services S.A.O.C

A: P.O Box: 367, P.C. 116, Mina Al Fahal, Sultanate of Oman

P: +968 22308851 M: +968 95665607

W: www.khazzanlogistics.com E: ahmed@truckomangroup.com



