مجموعة مستشفيات ومستوصفات بدرالسماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ...Humane Care

#1317

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

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**MUSADHEEQ KALLADA**		
AGE/D.O.B	39 y, 19.10.1979	**DATE**	04.09.2019
PASS/ID NO:	79164566	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	163 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	70 KG
HEART	NORMAL	**BP**	126/82 mmHg
LUNGS	NORMAL	**PULSE**	76/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
ECG	NORMAL
AUDIOGRAM	Normal Audiometric Threshold
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 3.8%

COMMNETS * DLP - Advised Lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

مستشفى بدر السماء ش.م.م
س.ت: ١/٦٩٣٨٠٨، سلطنة عمان
BADR
NIZWA
C.R. No. 1693808/8, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

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المقر الرئيسي :
س.ت. : ١/٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | 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 RAWSA DAREG BACUDDA

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 14/03/24

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 19.10.1970 | 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		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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever/other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		✓
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		✓						

How much tobacco each day? NIL

Average daily alcohol consumption NIL

Have you ever taken elicited drugs? (No) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (No) Tuberculosis (No) Epilepsy (No) Asthma (No) Eczema (No)
Heart disease (No) High blood pressure (No) Stroke (No) Blood Disease (No) Cancer (No)

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: 14/03/24 **Signature of Applicant:**

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

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. C.R. No. 1169360/8, SULTANATE OF OMAN NIZWA BADR

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	Nml
		5. Cardiovascular System	S1 S2 (+) No murmur
		6. Abdo. Viscera	soft, BS (+)
		7. Hernial Orifices	normal
		8. Anus & Rectum	
		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
						DISTANT	NEAR			
							R L	R L		
162	74	28.2	126/88	64 /mins.	L	Uncorrected	6/6 6/6	N6 N6	(N)	A+
					R	Corrected				

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				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. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

DLP - Advised lifestyle modification

ASSESSMENT:

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

FIT

Date: 14/03/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 14/03/21 Name (Block Capitals): Dr. / Nurse Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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