

80791

	Petroleum Development Oman LLC	Revision: 4.0 Effective: October 2016
---	--------------------------------	--

11.15 Appendix 15: Fitness to Work Certificate

Employee Data	Date	26/11/2022
Name SALEEM FAEL HAMED	Department/Company TRUCKMAN	
I.D No. 11876012	Age 38	Occupation Helper
Type of Medical Evaluation	Mark those applying ✓	
A1 Aircraft refuelling	A6 Fire / Emergency response team work	
A2 Breathing apparatus	A7 Professional driving	
A3 Business traveller	A8 Remote location work	
A4 Catering and food preparation	A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles	A10 Transfers – group B country	

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.

Fit with no restrictions	✓	
Fit with following restriction(s)		
<i>The employee is fit for above work but should avoid the following task(s)</i>	Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges		
Working at height		
Puling, pushing, or carrying weight over _____ Kg		
Ascend/descend ladders or stairs		
Operate motor vehicles, forklifts or heavy machinery		
Use of a respirator		
Repetitive twisting of valves or wrenches		
Flying		
Other (Specify)		

Temporary Unfit until

Permanently Unfit

Date

Name of health advisor *CHIEMEKA NDUKA EKEGHE*

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSHTON CLINIC CENTRE
MOH LIC NO. 19798

WORLDSIDE C.H.
C.H. No. 12588514
P.O. Box 118
P.O. 124, Rissayil
Sultanate of Oman

Page 61	Specification	Printed 26/12/16
The controlled version of this CMF Document resides online in Livelink®. Printed copies are UNCONTROLLED.		

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 95088896

Home/Leave Address:

Personal Details

A Male Female

Married

Single

Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife

Son

Daughter

No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

Helper

Next Job and Location:

Are you a registered person with special needs?

Do you belong to any Medical Insurance Scheme?

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

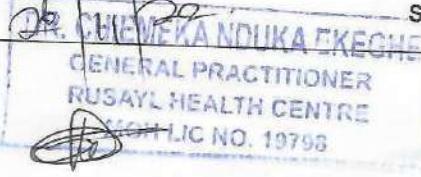
		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?				
1 Ear, nose, eye or throat problems			✓	
2 Chest problems like asthma, bronchitis, other bad cough			✓	
3 Heart abnormality, chest pains			✓	
4 Abdominal pains, abnormal bowel motions			✓	
5 Urogenital problems (kidney disease, menstrual disorder)			✓	
6 Skin trouble or allergies			✓	
7 Epileptic fits, dizzy spells or migraine			✓	
8 History of mental illness, depression anxiety			✓	
9 Diabetes, thyroid disease			✓	
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia			✓	
11 Any history of accidents or fractures			✓	
12 Have you had any serious allergies			✓	
13 Do any dependants have a significant ongoing illness?			✓	
14 Any family history of cancers			✓	
Do you take any regular medicines, or have you taken in the past?			✓	
Do you smoke? If yes, what and how much each day?			✓	already
Do you drink alcohol? If yes, what is your average weekly intake?			✓	
Have you ever taken elicited/recreational drugs?			✓	
Are you doing regular sports or physical activities?			✓	

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

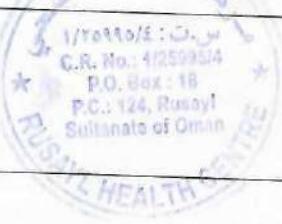
Date:



Signature of Applicant:



1/08/15
C.R. No. 4125995/4
P.O. Box: 18
P.C.: 124, Rusayl
Sultanate of Oman



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A	
	1. Eyes & Pupils	
	2. E.N.T.	
	3. Teeth & Mouth	poor oral hygiene
	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 /mins.	HEARING L R	Uncorrected Corrected	DISTANT R L	NEAR R L	VISION
165	89.1	32.7	120 70	97	W W		94 84	W W	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	TG - 204 mg/dl. ↑		7. Audiogram
✓	2. Hb, Bloodcount, ESR	SGOT - 449.2 U/l ↑		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.)

Obesity
multiple skin tags
mildly elevated S GOT

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 26/11/22 Name (Block Capitals): Dr / Nurse CHENNAI ENT CLINIC

REVIEW/CONSULTATION

Signature: (Hos) 
regular exercise
Lili 52 GND 3/17
low fat Low oil diet
repeat P.P, LF in 6 months
Nursing: _____

DR. CHIEMEKA NDUKA EKEGHE
Date: 12/12/2022 Name (Block Capitals)

Date: **21/12/2012** Name (Block Capitals): Dr. / Nurse
RUSAJ HEALTH CENTRE

REG'D. U.S. PAT. & T. OFF.

ر.س.ت: ١٢٣٥٩٦٤
P.O. Box: 18
P.C.: 124, Rusayl
Sultanate of Oman