MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**DALVIR SINGH SUKHWINDER SINGH**		
AGE/D.O.B	46 Y,01.01.1975	**DATE**	10.04.2021
PASS/ID NO:	72388832	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	172 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	81 KG
HEART	NORMAL	**BP**	126/78 mmHg
LUNGS	NORMAL	**PULSE**	70/ 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	SUGAR (+)
ECG	NORMAL
AUDIOGRAM	Normal hearing threshold with dip at 8000Hz B/L
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 5%

COMMENTS

* To use adequate ear protection in high noise environment
* DLP- Advised lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

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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 : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
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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 DAWAR SINGH SUKWINDER SINGH	
Forenames :	
Address	
Place of examination **BADR AL SAMAA** — Date 10/04/21	Home telephone number
If a dependant enter employee's name here: Surname:	Forenames:
Birth date: 01.01.1975 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		✓			
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? (N) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (Y) Tuberculosis (N) Epilepsy (N) Asthma (N) Eczema (N)
Heart disease (N) High blood pressure (N) Stroke (N) Blood Disease (N) Cancer (N)

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.**

BADR AL SAMAA HOSPITAL NIZWA

Date: 10/04/21 **Signature of Applicant:** [signature]

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

T2DM x 4yr on OHA
Surgery on (Rt) leg – post traumatic

[signature]
Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & reactive
		2. E.N.T.	ear, nose & throat normal
		3. Teeth & Mouth	NAD
		4. Lungs & Chest	S1 S2 ⊕ NO murmur
		5. Cardiovascular System	
		6. Abdo. Viscera	pp. BS ⊕ normal
		7. Hernial Orifices	
		8. Anus & Rectum	normal
		9. Genito-urinary	normal
		10. Extremities	normal
		11. Musculo-skeletal	normal
		12. Skin & Varicose Vns.	normal
		13. C.N.S.	NAD

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
172	81	27.4	126 / 78	80 /mins.	L R	DISTANT R L: Uncorrected 6/6 6/6; Corrected NEAR R L: Uncorrected N6 N6	N	A+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram Bilateral hearing normal with dip @ 8KHz
✓		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.)

Tattoo on both arm
Surgical scar on (Rt) leg.

ASSESSMENT: DLP- advised lifestyle modification.

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

FIT

Date: 10/04/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 10/04/21 Name (Block Capitals): Dr. / Nurse Signature:

Take ear protection in noisy environment

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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

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