MEDICAL FITNESS CERTIFICATE FOR (P.D.O)

NAME	**MANJIT SINGH**		
AGE/D.O.B	40 Y,14.09.1981	**DATE**	07.09.2021
PASS/ID NO:	72261426	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	168 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	79 KG
HEART	NORMAL	**BP**	130/82 mmHg
LUNGS	NORMAL	**PULSE**	76/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	ELEVATED
GHb	8.80%
BLOOD GROUP	AB POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	Hypertriglyceridemia
RFT	NORMAL
LFT	NASH
SICKLING TEST	NEGATIVE
URE	SUGAR (++)
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD

COMMENTS

K/C/O T2DM & SHT on Oral medication
FBS -elevated- Advised to do HbA1c
NASH - Advised treatment
HBA1c -8.8% Diabetic drug modified
Hypertriglyceridemia - Started on medication To repeat lipidprofile after 3 mnts

CONCLUSION MEDICALLY FIT

FIT

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

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	Ramnath Jinam
Forenames :	
Address	
Home telephone number	

Place of examination **BADR AL SAMAA**	Date 04/09/21

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

Birth date:	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 (90ml/week)

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

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

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: 04/09/21 **Signature of Applicant:**

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

Father - HTN
Father - DM / T2 DM
Father - HTN / DM

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

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 - B/L TM normal mild DNS & throat normal
		3. Teeth & Mouth	
		4. Lungs & Chest	NAD
		5. Cardiovascular System	S1S2 N/o murmur
		6. Abdo. Viscera	S/NT. no HSM
		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.	normal

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
168	79.6	28.6	130/82	76 /mins.	L R	Uncorrected 6/6	6/6	N6	N6	N	AB +ve
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓	✓	1. Urinalysis				7. Audiogram Bilateral hearing sensitivity within normal limit
✓		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.)

K/C/O T2DM & SHT on oral medication
Nash - Advised Treatment, Diabetic drug modified.

ASSESSMENT:

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

FIT

Date: 04/09/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 04/09/24 Name (Block Capitals): Dr. / Nurse Signature:

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Dr. H. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581