



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

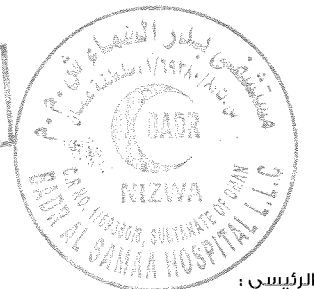
CONCLUSION

MEDICALLY FIT

Dr. B. VENKATESH KUMAR

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨، ص.ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

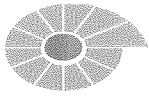
الخور : ٢٤٤٨٨٣٢٢ | صلالة : ٢٣٢٩١٨٣ | الخوض : ٢٤٥٤٦٠٩٩ |

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | البروي : ٢٥٤٤٧٧٧٧ | قلح : ٢٦٥٥٤١٣١

البريد الإلكتروني info@badroman.com

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

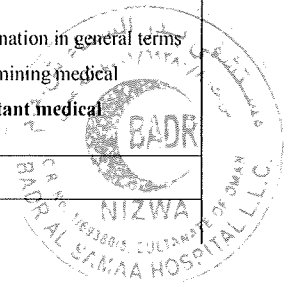
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination BADR AL SAMAA Date 04/09/2011		Surname Kannan Sivan	
		Forenames :	
		Address	
		Home telephone number	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	Nationality:	Country of birth:	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children:			
Reason for examination Pre-Employment Job: <input type="checkbox"/>			
Pre-Overseas Area: <input type="checkbox"/>			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
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	/
2. Neck swelling/glands	/	22. Heart Disease	/
3. Difficulty in vision	/	23. Rheumatic fever	/
4. Any ear discharge	/	24. Abnormal heartbeat	/
5. Asthma/bronchitis	/	25. High blood pressure	/
6. Hayfever/other significant allergy	/	26. Stroke	/
7. Any skin trouble	/	27. Serious chest pain	/
8. Tuberculosis	/	28. Any blood disease	/
9. Shortness of breath	/	29. Kidney disease	/
10. Coughed/vomited blood	/	30. Blood in urine	/
11. Severe abdominal pain	/	31. Diabetes	/
12. Stomach ulcer	/	32. Headaches/migraine	/
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/arm/pit	/		
How much tobacco each day? none		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: 04/09/2011		Signature of Applicant:	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE			
Further details of medical history and recreational activities			

Pathan - SHF
Kastan - SHF / T2 OM

Kaleo - SHF / DM

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 - Rt - normal, mild DM @
		3. Teeth & Mouth	Throat - normal
		4. Lungs & Chest	normal
		5. Cardiovascular System	SHD No murmur
		6. Abdo. Viscera	left m @
		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				Colour Vision	Blood Group
					L R	DISTANT Uncorrected Corrected	NEAR R L R L				
168	79.6	28.6	120/82	76 /mins.							AB +ve

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
0	✓	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. Sickie Cell test			12. HIV, Hepatitis screening

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

K/c/o T2DM & SHD on oral medication
Nash - Advised Treatment, Diabetic drug modified.

ASSESSMENT:

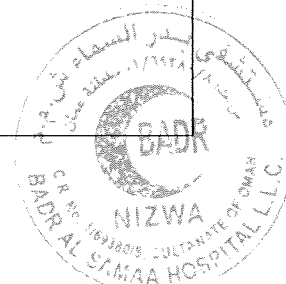
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐

FIT

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

REVIEW/CONSULTATION

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



Signature

Signature

VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581