11.15 Appendix 15: Fitness to Work Certificate

Employee Data			Date 08/04/2021
Name SELVARAJAN CHOCKE M.			Department/Company TRUCKOMAN
I.D No. 04930195	Age 52 YRS		Occupation CAMP BOSS

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)	

The employee is fit for above work but should avoid the following task(s)	*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 (Specifiy)			

Temporary Unfit until		
Permanently Unfit	**Date**	

Name of health advisor	Signature	Date
Dr Ima M.C		8/4/21

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P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH REG NO. 17579

ID: 64930195

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 06884

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	SELVARAJAN CHOCKE MANNADIAR
Nationality	INDIAN
Mobile No. 95805767	Home/Leave Address: KERALA, INDIA
Company Number: 1202	Reference Indicator:

Personal Details DOB: 27/05/1969 (52 YRS)

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: KERALA

Relationship to employee ☐ Wife ☐ Son ☐ Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: CAMP BOSS-TRUCKOMAN / MARMUL

Next Job and Location: TRUCKSMAN

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 / HTN		✓	Diagnosed over 5yrs ago, on Medications
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		✓	Diagnosed about 5yrs, on Medications
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 your taken in the past?			✓	Telmisartan, Metformin & Glimepiride
Do you smoke? If yes, what and how much each day?		✓		
Do you drink alcohol? If yes, what is your average weekly intake?			✓	Occasionally
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?			✓	Swimming & treadmilling

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: 08/04/2021 **Signature of Applicant:**

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RUSAYL HEALTH CENTRE

ID: 6493015

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No. B 06884

SELVARAJAN Ashoke ; 52 yrs

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

A known DM/HTN on regular Medications.

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		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	HEARING	VISION
170	74	25.6 kg/m²	140/70 mmHg	86 /mins.	L N R N	DISTANT R 6/9 L 6/6; NEAR R N L N Uncorrected Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	*FBP — 134 mg/dl LFT SGPT - Slightly elevated Others - normal.			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 (17.5%)
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

*To repeat LFT after 3/12

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

Over weight.

Other findings - Normal

ASSESSMENT AND RECOMMENDATIONS:

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

Advised on continuation of regular exercise, diet modification & compliance with Medications.

Date: 8/4/21 Name (Block Capitals): Dr. / Nurse IVO MAGNUS C. Signature

DR. MAGNUS CHIBUZO IVO
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

REVIEW/CONSULTATION

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

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