



مجموعة مستشفيات ومستوصفات بدر: أسماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

Signature: *More Than Healthcare ... Humane Care*

1403



Organization Accredited
by Joint Commission International
Badr Al Samaa Hospital, Road & Al Khoud

MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME

JAGWANT SINGH

AGE/D.O.B

45 Y, 15.03.1976

DATE

17.08.2021

PASS/ID NO:

70268013

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

175 KG

LT-EYE

6/6 WITHOUT GLASSES

WEIGHT

79 KG

HEART

NORMAL

BP

130/85 mmHg

LUNGS

NORMAL

PULSE

74/Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

NORMAL

INVESTIGATIONS

FBS

NORMAL

BLOOD GROUP

B POSITIVE

HAEMOGRAM

NORMAL

LIPIDPROFILE

DLP

RFT

NORMAL

LFT

NORMAL

SICKLING TEST

NEGATIVE

URE

NORMAL

ECG

NORMAL

AUDIOGRAM

Normal hearing threshold with mild dip at 4000Hz B/L

FRAMINGHAM SCORE

Probability of developing cardiovascular disease in next 10 years is 4.6%

COMMENTS

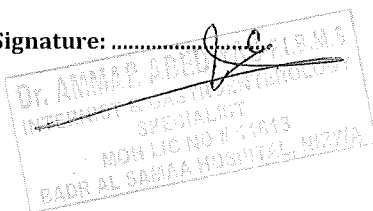
To use adequate ear protection in high noise environment

DLP- Advised lifestyle modification

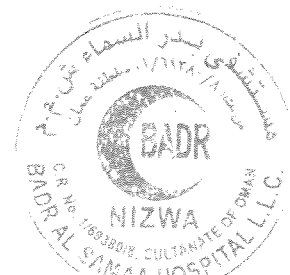
CONCLUSION

MEDICALLY FIT

Signature:



FIT



Headquarters:

CR. No. 1693808, PB No. 443, P.C. 112,

Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830

Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131

Email: info@badroman.com

المقر الرئيسي :

س. ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الزم. البريد : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

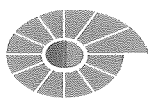
الخور : ٢٤٤٨٨٣٢٢ | صحار : ٢٨٤٦٦٠٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣

بركاء : ٢٨٨٤٩١٠ | صور : ٢٥٤٦١١٢ | النوى : ٢٥٤٧٧٧٧ | الفج : ٢٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

Appendix 32: EX1 Form (Initial Examination Report)

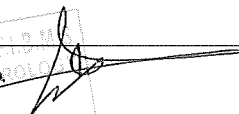
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination BADR AL SAMAA		Date 17-08-2024	Surname Forenames : Jaswant Singh Address Home telephone number		
If a dependant enter employee's name here: Surname: _____ Forenames: _____					
Birth date: 15-03-1999		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		
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/armpit					
HAVE YOU EVER BEEN:-					
				40. Rejected for employment or insurance for medical reasons	
				41. Awarded benefits for industrial injury/illness	
				42. Treated for a mental condition, e.g. depression	
				43. Treated for problem drinking or drug abuse	
				44. Exposed to toxic substance or noise	
FOR WOMEN ONLY					
Have you ever had:-					
				45. An abnormal smear	
				46. Any gynaecological treatment	
				47. Are you pregnant?	
				48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? _____ Average daily alcohol consumption _____					
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: 17-08-2024		Signature of Applicant:			
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		N				
/		2. E.N.T.		N				
/		3. Teeth & Mouth		N				
/		4. Lungs & Chest		N				
/		5. Cardiovascular System		N				
/		6. Abdo. Viscera		N				
/		7. Hernial Orifices		N				
/		8. Anus & Rectum		N				
/		9. Genito-urinary		N				
/		10. Extremities		N				
/		11. Musculo-skeletal		N				
/		12. Skin & Varicose Vns.		N				
/		13. C.N.S.		N				
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
175	79	25.8	130 85			R L R L 4/6 6/6 4/6 4/6	N	B+
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A		
/		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.)								
DLP - Advised lifestyle modification								
ASSESSMENT:								
FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>								
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____								
REVIEW/CONSULTATION								
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____ <div style="text-align: right; margin-top: 10px;">  DR. AMMAR ALED INTERNIST & GASTROENTEROLOGIST SPECIALIST MOH LIC NO # 11613 BADR AL SAMAA HOSPITAL, NIZWA </div>								

