



مجموعة مستشفيات ومستوصفات بدر الساماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

#1407



Organization Approved by
by Jeddah Commission International
Badr Al Samaa Hospital, Ruwi & Al Khoud

MEDICAL CERTIFICATE FOR PDO

NAME JARNAIL SINGH

AGE/D.O.B 51 Y,26.05.1970

DATE 28.10.2021

PASS/ID NO: 87934222

GENDER MALE

VISION-RT-EYE 6/6 WITHOUT GLASSES

HEIGHT 169 CM

LT-EYE 6/6 WITHOUT GLASSES

WEIGHT 72 KG

HEART NORMAL

BP 136/90 mmHg

LUNGS NORMAL

PULSE 82/Min

ABDOMEN NORMAL

CNS NORMAL

SKIN NORMAL

ENT NORMAL

INVESTIGATIONS

FBS IFG

BLOOD GROUP AB POSITIVE

HAEMOGRAM NORMAL

LFT Slightly elevated SGPT

RFT NORMAL

LIPID PROFILE DLP

SICKLING TEST NEGATIVE

URE NORMAL

AUDIOGRAM Normal hearing threshold with sloping SNHL at HF B/L

ECG T inversion L1, AVL, V6 Normal sinus Rhythm

TMT NEGATIVE STRESS INDUCED ISCHEMIA

FRAMINGHAM SCORE Probability of developing cardiovascular disease in next 10 years is 9.9%

COMMENTS * K/C/O SHT x 4 yr on regular medication advised for only

moderate alcohol

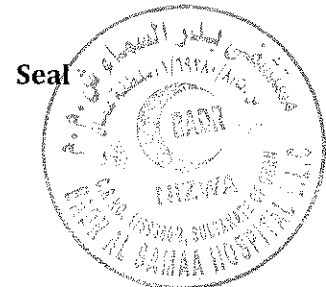
* To use adequate ear protection in high noise environment

CONCLUSION : MEDICALLY FIT

Signature:

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

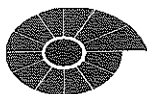
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٩٩ | صلالة : ٢٣٢٩١٨٣

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١٢ | الروي : ٢٥٤٤٧٧٧ | فلج : ٢٦٧٥٤٣١

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 <u>20/10/21</u>	Surname <u>JARNAIL SINGH</u>		
If a dependant enter employee's name here:			Forenames:		
Surname:			Address		
Home telephone number					
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
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>
6. Hayfever/other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>
20. Lump in breast/armpit		<input checked="" type="checkbox"/>			
How much tobacco each day? <u>NU</u>			Average daily alcohol consumption <u>NU</u> (60ml/day)		
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)					
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)					
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: <u>20/10/21</u>			Signature of Applicant:		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					

SHR x Lys

(Signature)

B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

