Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

BADR مجموعة مستشفيات ومستوصفات بدرالسماء
BADR AL SAMAA
GROUP OF HOSPITALS AND POLYCLINICS

Surname	Jaimal Singh
Forenames :	
Address	Indian
Home telephone number	+91 8230022696

Place of examination **BADR AL SAMAA** | Date 20/2/24

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

Birth date: 26.5.70 | Nationality: Indian | Country of birth: India | Religion: Sikh

☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: 1 Wife 1 Son 2 Daughter | Number of children: 4

Reason for examination Pre-Employment Job: ☐ Many vehicle driver.

Pre-Overseas Area: ☐

Name and address of family doctor

List your last 3 jobs
(1)
(2)

Are you a Registered Disabled Person? (UK only) No

Do you belong to any Medical Insurance Scheme? No

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 Nil

Have you ever taken elicited drugs? (No) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (No) Tuberculosis (No) Epilepsy (No) Asthma (No) Eczema (No)
Heart disease (No) High blood pressure (No) Stroke (No) Blood Disease ( ) Cancer (No)

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: 20/2/24 **Signature of Applicant:**

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

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Keto HTN on medication

N = Normal A = Abnormal (please describe)

PHYSICAL EXAMINATION

N	A		
		1. Eyes & Pupils	Normal & Routine
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	NVMS
		5. Cardiovascular System	S1S2 (+), no murmur
		6. Abdo. Viscera	Abdo soft, BS (+)
		7. Hernial Orifices	
		8. Anus & Rectum	normal
		9. Genito-urinary	normal
		10. Extremities	normal
		11. Musculo-skeletal	normal
		12. Skin & Varicose Vns.	normal
		13. C.N.S.	WNL

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT	VISION NEAR	Colour Vision	Blood Group
168	67	23.7	136/84	72 /mins.	L R	R L Uncorrected 6/6 6/6 Corrected	R L N6 N6	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TMT – negative for stress			7. Audiogram B/L all at 4Khz is c̄ mild to moderate sloping SNHL at HF
✓		2. Hb, Bloodcount, ESR	exercise induced			8. Lung Function
✓		3. LFT, RFT, RBS	ischemic heart			9. Chest X-Ray
		4. Drug Screen	disease.	✓		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.)

Under fit on medication

ASSESSMENT:

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

FIT

Date: 20/2/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 20/2/24 Name (Block Capitals): Dr. / Nurse Signature:

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

بدر السماء للفحص الطبي
BADR
NIZWA 1
CR No. 1683808
MOH No. 3083
BADR AL SAMAA VISA MEDICAL

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 20/2/24
Name: Jaynarj Singh		Department/Company:
I. D No. 87934222	Tel #	Occupation : Heavy vehicle drivers

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

FIT

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	3

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I,_____*(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature:_____ **Date:** 20/2/24

BADR AL SAMAA VISA MEDICAL CENTRE
BADR
NIZWA
CR No.1693608
MOH No. 3053

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Fitness to Work Certificate

Employee Data			Date : 20/2/24
Name : Jasnail Singh			Department/Company
I.D No : 87934222	Age : 59y		Occupation : Heavy vehicle driver.

Type of Medical Evaluation			Mark those applying √		
A1	Aircraft refueling		A6	Fire /Emergency response team work	
A2	Breathing apparatus		A7	Professional driving	
A3	Business traveler		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

Fit with no restrictions ✓			CPEJ
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) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			
Temporary Unfit until			
Permanently Unfit			**Date** 20/2/24

Name of health advisor **Signature** **Date :** 20/2/24

BADR AL SAMAA VISA MEDICAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

مجموعة مستشفيات ومستوصفات بدرالسماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare ...Humane Care

MEDICAL FITNESS CERTIFICATE FOR PDO

NAME	JARNAIL SINGH		
AGE/D.O.B	53Y, 26.05.1970	DATE	20.02.2024
PASS/ID NO	87934222	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	168 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	67 KG
HEART	NORMAL	BP	136/84 mmHg
LUNGS	NORMAL	PULSE	72/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS:-

BLOOD GROUP	AB POSITIVE
RBS	NORMAL
HAEMOGRAM	NORMAL
LIPIDPROFILE	NORMAL
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	Negative for Stress Induced Ischemia
AUDIOGRAM	Normal hearing threshold with minimal to MSSHL at HF
FRAMINGHAM SCORE	Probability of devoloping cardiovascular disease in next 10 years is 3.0 %

COMMENTS:- To use adequate ear protection in high noise environment
K/C/O - SHT/DLP on medication

CONCLUSION:- MEDICALLY FIT

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA VISA MEDICAL
BADR
NIZWA 1 نزوى
CR No-1693808
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Ruwi: 24799760 | Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 |

المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص. ب : ٤٤٣ الرمز البريدي ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٥، فاكس : ٢٤٧٩٩٧٦٥
روي: ٢٤٧٩٩٧٦٠ | الخبور : ٢٤٤٨٨٣٢٢ | صحار: ٢٦٨٤٦٦٠ | الخوض: ٢٤٥٤٦٠٩٩ |