



مجموعة مستشفيات ومستوصفات بدر السماء

**BADR AL SAMAA**

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare... Humane Care



Organization Accredited  
by JCI Commission International  
Badr Al Samaa Hospital, Ruwi & Al Khoud

## MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME

**MANOJ CHENKALIL KONJANKARAN**

AGE/D.O.B

45 Y, 05.05.1976

DATE

27.06.2021

PASS/ID NO:

76949221

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

171 CM

LT-EYE

6/6 WITHOUT GLASSES

WEIGHT

64 KG

HEART

NORMAL

BP

136/88 mmHg

LUNGS

NORMAL

PULSE

62/ Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

NORMAL

### INVESTIGATIONS

FBS

ELEVATED

HbA1c

10.60%

BLOOD GROUP

A POSITIVE

HAEMOGRAM

NORMAL

LFT

NASH

RFT

NORMAL

LIPID PROFILE

NORMAL

SICKLING TEST

NEGATIVE

URINE ROUTINE

SUGAR (+)

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 1.2%

COMMENT

- \* To use adequate ear protection in high noise environment
- \* NASH - Advised treatment
- \* Known T2DM Since 7 years on OHA
- \* Diabetes with hyperglycemia on oral medication- changed medication

CONCLUSION

**MEDICALLY FIT**

Signature: .....

Dr. AMMAR ABEDYAS F.I.B.M.S  
GASTROENTEROLOGY SPECIALIST & INTERNIST  
MOH LIC No#11613

**FIT**



Headquarters:

CR. No. 1693808, P.B 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. : ١٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخبير : ٢٤٤٨٨٣٢٢، ص. ب. : ٢٦٨٤٦٦٠، الخوض : ٢٤٥٤٦٠٩٩، ص. ب. : ٢٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠، صور : ٢٥٥٤١١٢، نزوى : ٢٥٤٤٧٧٧، فج : 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 <b>BADR AL SAMAA</b>		Date <b>28/06/24</b>	Surname <b>CHENNAI KONGAKKARAN</b>	
			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-EmploymentJob: <input type="checkbox"/>				
Pre-OverseasArea: <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"/>		
<b>HAVE YOU EVER BEEN:-</b>				
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				
<b>FOR WOMEN ONLY</b>				
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? <b>None</b>				
Average daily alcohol consumption <b>Very Rarely</b>				
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)				
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b>				
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:		Signature of Applicant: <b>NZand</b>		
<b>FOR COMPLETION BY EXAMINING DOCTOR OR NURSE</b>				
Further details of medical history and recreational activities				

T2m x 7yr on OHA  
Father / mother - T2m.

Dr. B. VENKATESH KUMAR  
CARDIOLOGIST  
MOH NO#14581



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION			
N	A						
		1. Eyes & Pupils		Normal & React			
		2. E.N.T.		ear nose & throat - normal			
		3. Teeth & Mouth					
		4. Lungs & Chest		normal			
		5. Cardiovascular System		S.H. @ No murmur			
		6. Abdo. Viscera		B.P. 110/70 normal			
		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.		normal			
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision
171	64.8	22.2	136/88	62/min.	L R	DISTANT NEAR Uncorrected Corrected	(2)
						R L R L 6/6 6/6 N/A N/A	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A	
		1. Urinalysis					
		2. Hb, Bloodcount, ESR					
		3. LFT, RFT, RBS					
		4. Drug Screen					
		5. Lipids (40 years +)					
		6. Sick Cell test					
		7. Audiogram					
		8. Lung Function					
		9. Chest X-Ray					
		10. ECG					
		11. CVS risk for 40 yrs. & above					
		12. HIV, Hepatitis screening					
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)							
T20m x 70p on 07/12/21							
ASSESSMENT:							
FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>							
Date: 29/06/21 Name (Block Capitals): Dr. / Nurse Signature:							
REVIEW/CONSULTATION							
Date: 29/06/21 Name (Block Capitals): Dr. / Nurse Signature:							

Take ear protection in noisy environment

Sajila

DR. SAJILA P.P.  
MBBS., DNB (ENT), DLO.  
Specialist Ent Surgeon  
MOH Lic No.: 18387

DR. VENKATESH KUMAR  
CARDIOLOGIST  
MOH NO#14581

