



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
 HbA1c
 BLOOD GROUP
 HAEMOGRAM
 LFT
 RFT
 LIPID PROFILE
 SICKLING TEST
 URINE ROUTINE
 ECG
 AUDIOPHGRAM
 FRAMINGHAM SCORE

ELEVATED
10.60%
A POSITIVE
NORMAL
NASH
NORMAL
NORMAL
NEGATIVE
SUGAR (+)
NORMAL
Normal hearing threshold with mild dip at 4000Hz B/L
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 ABED YAS F.I.B.M.S
 GASTROENTEROLOGY SPECIALIST & INTERNIST
 MOH LIC No#11613

FIT



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الخوير: ٢٤٤٨٣٢٢ | صفار: ٢٤٤٨٣٢٣ | الشويف: ٢٤٤٨٣٢٤ | صلالة: ٢٤٣٩١٨٣ |

بركاء: ٢٤٤٨٣٢٥ | صور: ٢٤٤٨٣٢٦ | نزوى: ٢٤٤٨٣٢٧ | مفلج: ٢٤٤٨٣٢٨ |

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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 24/06/21		Surname PRATHAP CHENNAI RAMAIAH							
				Forenames :							
				Address							
				Home telephone number							
If a dependant enter employee's name here:											
Surname:		Forenames:									
Birth date:		Nationality:		Country of birth:							
<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		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		41. Awarded benefits for industrial injury/illness							
4. Any ear discharge		24. Abnormal heartbeat		42. Treated for a mental condition, e.g. depression							
5. Asthma/bronchitis		25. High blood pressure		43. Treated for problem drinking or drug abuse							
6. Hayfever/other significant allergy		26. Stroke		44. Exposed to toxic substance or noise							
7. Any skin trouble		27. Serious chest pain		45. FOR WOMEN ONLY Have you ever had:-							
8. Tuberculosis		28. Any blood disease		46. An abnormal smear							
9. Shortness of breath		29. Kidney disease		47. Any gynaecological treatment							
10. Coughed/vomited blood		30. Blood in urine		48. Are you pregnant?							
11. Severe abdominal pain		31. Diabetes		HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE							
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											
How much tobacco each day? No			Average daily alcohol consumption Very rarely								
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 (No) 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: 24/06/21		Signature of Applicant: N. Venkatesh Kumar									
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities											

From 20 yrs on OHA
Father / mother - T2DM

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION												
N	A													
	1. Eyes & Pupils	Normal & Reactive												
	2. E.N.T.	ear nose throat -> normal												
	3. Teeth & Mouth													
	4. Lungs & Chest	normal												
	5. Cardiovascular System	S1, S2 no murmur												
	6. Abdo. Viscera	B/P, R, M (P) 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 62 mins.	HEARING L R	DISTANT Uncorrected Corrected	VISION NEAR R L R L 6/6 6/6 N/6 N/6				Colour Vision (N)	Blood Group	
171		64.8	22.2	136/88										
N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N A								
✓		1. Urinalysis					7. Audiogram Bilateral hearing							
✓		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. Sickle Cell test					12. HIV, Hepatitis screening							
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)														
T2m x F2m on off.														
ASSESSMENT:														
FIT ALL AREAS		<input checked="" type="checkbox"/>		FIT WITH RESTRICTION		<input type="checkbox"/>		TEMPORARY UNFIT		<input type="checkbox"/>		UNFIT		<input type="checkbox"/>
Date: 28/06/21 Name (Block Capitals): Dr. / Nurse Signature:														
REVIEW/CONSULTATION														
Date: 28/06/21 Name (Block Capitals): Dr. / Nurse Signature:														

Take care protection in
holy environment


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


Dr. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

