#1413

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

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

MEDICAL FITNESS CERTIFICATE FOR (P.D.O)

NAME	**BALJINDER SINGH**		
AGE/D.O.B	38 Y,15.03.1983	**DATE**	16.08.2021
PASS/ID NO:	72767118	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	168 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	73 KG
HEART	NORMAL	**BP**	120/70 mmHg
LUNGS	NORMAL	**PULSE**	72/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	DLP
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD

COMMENTS DLP- Advised lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr. AMMAR ABDEL [illegible]
INTERNAL MEDICINE & ENDOCRINOLOGY
SPECIALIST
MOH LIC. NO # 11613
BADR AL SAMAA HOSPITAL, NIZWA

FIT

مستشفى بدر السماء نزوى
BADR
NIZWA
C.R No. 1693808, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

www.badralsamaahospitals.com

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. : ١٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
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

Surname	
Forenames :	Baljinder Singh
Address	
Home telephone number	

Place of examination **BADR AL SAMAA**	Date 16/8/2021

If a dependant enter employee's name here:

Surname:		Forenames:	
Birth date: 15/3/1985	Nationality:	Country of birth:	Religion:

☑ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter	Number of children:

Reason for examination Pre-Employment Job: ☐

Pre-Overseas Area: ☐

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐

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** Have you ever had:-		
13. Recurrent indigestion		/	33. Dizziness/fainting		/			
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?	Average daily alcohol consumption

Have you ever taken elicited drugs? (X) 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: 16/8/2021 **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	No —
✓		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	VISION DISTANT NEAR	Colour Vision	Blood Group
168	73	25.9	120/70		L R	R L R L Uncorrected 6/6 6/6 N/6 N/6 Corrected	N	O+

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. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

DLP - Advised Lifestyle modification

ASSESSMENT:

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

FIT

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

REVIEW/CONSULTATION

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

DR. ABRAR ASHRAF
MEDICINE SPECIALIST
BADR AL SAMAA HOSPITAL, NIZWA

BADR
NIZWA