



مجموعة مستشفيات ومستوصفات بدر الساماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare... Human Care



Organized and
regulated by the
Oman Medical Council

MEDICAL FITNESS CERTIFICATE FOR TRUCK OMAN LLC

NAME	BALU NARAYANASAMY		
AGE/D.O.B	60 Y, 08.03.1961	DATE	27.04.2021
PASS/ID NO:	107975401	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	170 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	84 KG
HEART	NORMAL	BP	132/82 mmHg
LUNGS	NORMAL	PULSE	78/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	DLP
RFT	HYPERURICEMIA
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
TMT	NEGATIVE FOR STRESS INDUCED ISCHEMIA
AUDIOGRAM	Normal hearing threshold with moderate SNHL at 2000Hz & 4000Hz in Rt ear & moderate dip at 4000Hz in Lt ear
FRAMINGHAM REPORT	Probability of developing cardiovascular disease in next 10 years is 10.8 %

COMMENTS	- To use adequate ear protection in high noise environment - DLP- Advised lifestyle modification - HYPERURICEMIA- Advised treatment
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CONCLUSION

Signature: _____

MEDICALLY FIT

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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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

Surname: <u>POWEL</u>		Forenames: <u>MARCOPOLO</u>	
Address:		Home telephone number:	
Place of examination: <u>BADR AL SAMAA</u>	Date: <u>27/04/20</u>		
If a dependant enter employee's name here:		Forenames:	
Surname:	Country of birth:	Religion:	
Birth date: <u>08-03-1961</u>	Nationality:	Relationship to employee:	
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated / Divorced	☐ 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	
1. Sinus trouble		☒	21. Cancer
2. Neck swelling/glands		☒	22. Heart Disease
3. Difficulty in vision		☒	23. Rheumatic fever
4. Any ear discharge		☒	24. Abnormal heartbeat
5. Asthma/bronchitis		☒	25. High blood pressure
6. Hayfever/other significant allergy		☒	26. Stroke
7. Any skin trouble		☒	27. Serious chest pain
8. Tuberculosis		☒	28. Any blood disease
9. Shortness of breath		☒	29. Kidney disease
10. Coughed/vomited blood		☒	30. Blood in urine
11. Severe abdominal pain		☒	31. Diabetes
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/ampit		☒	
How much tobacco each day? <u>Nu</u>		Average daily alcohol consumption <u>Nu</u>	
Have you ever taken illicit drugs? (No) PDO test all new/potential employees for illicit/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: <u>27/04/20</u>		Signature of Applicant: <u>N. Baku</u>	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE			
Further details of medical history and recreational activities			

Dr. B. Venkatesh Kumar
CARDIOLOGIST
MOH NO#14581



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION			
N	A						
		1. Eyes & Pupils					
		2. ENT					
		3. Teeth & Mouth					
		4. Lungs & Chest					
		5. Cardiovascular System					
		6. Abdo. Viscera					
		7. Hernial Orifices					
		8. Anus & Rectum					
		9. Genito-urinary					
		10. Extremities					
		11. Musculo-skeletal					
		12. Skin & Varicose Vns.					
		13. C.N.S.					
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision
170	84.8	29.3	132 82	78 mins.	L R	DISTANT NEAR Uncorrected Corrected	B+
N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
✓		1. Urinalysis	Tm - Negative for Iron Studies Ascorbic				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 Hyperuricemia - Advised treatment							
ASSESSMENT:							
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐							
Date: 27/04/21 Name (Block Capitals): Dr. / Nurse Signature:							
REVIEW/CONSULTATION							
Date: 27/04/21 Name (Block Capitals): Dr. / Nurse Signature:							

Take ear protection in noisy environment

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

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
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