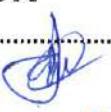


MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	ALI KASHIF		
AGE/D.O.B	31 Y,02.09.1989	DATE	16.03.2021
PASS/ID NO:	89951888	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	176 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	73 KG
HEART	NORMAL	BP	106/68 mmHg
LUNGS	NORMAL	PULSE	70/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL
<u>INVESTIGATIONS</u>			
FBS	NORMAL		
BLOOD GROUP	O POSITIVE		
HAEMOGRAHM	NORMAL		
LFT	NORMAL		
RFT	NORMAL		
LIPID PROFILE	DLP		
SICKLING TEST	NEGATIVE		
URINE ROUTINE	NORMAL		
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD		
COMMENTS	DLP- Advised lifestyle modification		

CONCLUSION MEDICALLY FIT

Signature: 

SEAL

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

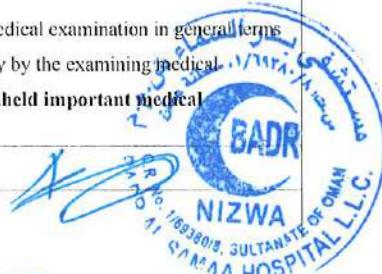


Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination BADR AL SAMAA		Date	Surname Ali KASHIF			
			Forenames :			
			Address			
			Home telephone number			
If a dependant enter employee's name here: Surname:		Forenames:				
Birth date: 02.09.1989		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-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.)						
1. Sinus trouble 2. Neck swelling/glands 3. Difficulty in vision 4. Any ear discharge 5. Asthma/bronchitis 6. Hayfever/other significant allergy 7. Any skin trouble 8. Tuberculosis 9. Shortness of breath 10. Coughed/vomited blood 11. Severe abdominal pain 12. Stomach ulcer 13. Recurrent indigestion 14. Jaundice or hepatitis 15. Gall Bladder disease 16. Marked change in bowel habits 17. Blood in stools (motions) 18. Marked change in weight 19. Varicose veins 20. Lump in breast/armpit		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	21. Cancer 22. Heart Disease 23. Rheumatic fever 24. Abnormal heartbeat 25. High blood pressure 26. Stroke 27. Serious chest pain 28. Any blood disease 29. Kidney disease 30. Blood in urine 31. Diabetes 32. Headaches/migraine 33. Dizziness/fainting 34. Epilepsy 35. Joints/spinal trouble 36. Surgical operation 37. Serious accident/fracture 38. Tropical disease 39. Fear of heights	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HAVE YOU EVER BEEN:- 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	
					FOR WOMEN ONLY 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? 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 (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: 16/03/21		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



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		Normal										
4. Lungs & Chest		Normal										
5. Cardiovascular System		Normal										
6. Abdo. Viscera		Normal										
7. Hernial Orifices		Normal										
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 90/mins.	HEARING L R	DISTANT R Uncorrected Corrected	VISION NEAR R L R L 6/6 6/6 N/6 N/6	Colour Vision A	Blood Group O+			
176	73.5	23.7	106/68									
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
 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 16/03/29 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 16/03/29 Name (Block Capitals): Dr. / Nurse Signature:

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

Signature
 Dr. B. VENKATESH KUMAR
 CARDIOLOGIST
 MOH NO#14581



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

Employee Data		Date: 16/03/21
Name: AU ICASHIF		Department/Company:
I. D No. 89951888	Tel #	Occupation: Heavy Vehicle driver

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)

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

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

Total 7

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: 16/03/21



B. VENKATESH KUMAR
 CARDIOLOGIST
 MOH NO#14581