



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

1520



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

MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME **SAMUEL GEOFFREY NICHOLLS**

AGE/D.O.B	30 Y,11.10.1990	DATE	27.04.2021
PASS/ID NO:	102975863	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	179 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	115 KG
HEART	NORMAL	BP	122/86 mmHg
LUNGS	NORMAL	PULSE	64/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O NEGATIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	HYPERURICEMIA
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD

COMMENTS

- * DLP- Advised lifestyle modification
- * HYPERURICEMIA - Advised treatment
- * Obesity- Advised weight reduction

CONCLUSION **MEDICALLY FIT**

Signature:

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



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المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨ ، ص.ب. : ٤٤٣ ، الرمز البريدي : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠ ، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | ص.ب. : ٢٦٨٤٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلح : 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 SAMUEL		Forenames : OFFREY		Address Nizwa	
Home telephone number					
Place of examination BADR AL SAMAA	Date 22/04/21				
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: 11.10.1990		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.)					
	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/arm/pit		<input checked="" type="checkbox"/>			
How much tobacco each day? (4-5/day cig)			Average daily alcohol consumption occasional		
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/>					
Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>					
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: 22/04/21		Signature of Applicant:			
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					

Grand father - Had MI

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	mm
		5. Cardiovascular System	sh @ leo ummm
		6. Abdo. Viscera	soft m @
		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	HEARING	VISION				Colour Vision	Blood Group
					L	DISTANT	NEAR				
					R	R	L	R	L		
179	115	35.9	122/86	64/min.		Uncorrected	Corrected	6/6	6/6	6/6	6/6

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. Sick Cell test			12. HIV, Hepatitis screening

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

Hyperuricemia - Advised treatment
DLP Advised lifestyle modification

ASSESSMENT:

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

Date: 27/04/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 28/04/24 Name (Block Capitals): Dr. / Nurse Signature:

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

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

