

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

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

Place of examination BADR AL SAMAA		Date 27/01/14	Surname SAMUEL SPOFFREY KIRCHOURG		
				Forenames :	
				Address	
				Home telephone number	
If a dependant enter employee's name here: Surname: 11-10-1990		Forenames: 			
Birth date: 11-10-1990		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: 					
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	
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. An abnormal smear	
8. Tuberculosis		28. Any blood disease		46. Any gynaecological treatment	
9. Shortness of breath		29. Kidney disease		47. Are you pregnant?	
10. Coughed/vomited blood		30. Blood in urine		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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/armpit					
How much tobacco each day? (1-5) / day (0)		Average daily alcohol consumption occasional			
Have you ever taken elicited drugs? (0) PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes (0) Tuberculosis (0) Epilepsy (0) Asthma (0) Eczema (0) Heart disease (0) High blood pressure (0) Stroke (0) Blood Disease (0) Cancer (0)					
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: 27/01/14		Signature of Applicant:		NIZWA AL SAMAA HOSPITAL L.L.C. 1893801B SULTANATE OF OMAN	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities					

Spouse father - Had m?



Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION									
N	A											
		1. Eyes & Pupils	Normal & Routine									
		2. E.N.T.	ear max - throat - normal									
		3. Teeth & Mouth	MM									
		4. Lungs & Chest	Sinh (R) Neo unnn soft, m (R) normal									
		5. Cardiovascular System										
		6. Abdo. Viscera										
		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 64/mins.	HEARING L R	DISTANT Uncorrected Corrected	VISION NEAR R L R L	Colour Vision	Blood Group		
179		115	35.9	122/86				b/6 b/6 N/6 N/6	(W)	O -		
N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
✓		1. Urinalysis							7. Audiogram	Bilateral hearing		
✓		2. Hb, Bloodcount, ESR							8. Lung Function	sensitivity normal		
✓		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.)												
<p>Hyperuricemia - Advised treatment DLP - Advised lifestyle modification</p>												
ASSESSMENT: FIT <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>												
Date: 27/04/22 Name (Block Capitals): Dr. / Nurse Signature:												
REVIEW/CONSULTATION												

Date: 27/04/22 Name (Block Capitals): Dr. / Nurse Signature:



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

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