MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**SUKHWINDER SINGH**		
AGE/D.O.B	39 Y, 09.01.1982	DATE	14.03.2021
PASS/ID NO:	72185546	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	180 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	101 KG
HEART	NORMAL	BP	130/90 mmHg
LUNGS	NORMAL	PULSE	76/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGRAM	NORMAL
LFT	NASH
RFT	NORMAL
LIPID PROFILE	NORMAL
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold with mild frequency SNHL in Rt ear

COMMENTS

* To use adequate ear protection in high noise environment
* Known T2DM, HTN & DLP since 2 years on regular medication
* NASH-Advised treatment

CONCLUSION **MEDICALLY FIT**

Signature: .....

SEAL

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR AL SAMAA HOSPITAL L.L.C. C.R No. 1/693808/8, SULTANATE OF OMAN NIZWA

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المقر الرئيسي :
س. ت. : ١٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦١٠ | 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 SUKHWINDER SINGH

Forenames :

Address

Place of examination **BADR AL SAMAA** Date 14/03/24

Home telephone number

If a dependant enter employee's name here:
Surname: Forenames:

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

Have you ever taken elicited drugs? (N) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (+) Tuberculosis (N) Epilepsy (N) Asthma (N) Eczema (–)
Heart disease (N) High blood pressure (N) Stroke (N) Blood Disease (N) Cancer (N)

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: 14/03/21 **Signature of Applicant:**

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

T2DM - Glycomet GP - 3/850 - 1 0 0
DLP - [illegible]-F 0 0 1
SHT - [illegible]-80 + Amlo 5 - 1 0 0

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.	
		3. Teeth & Mouth	
		4. Lungs & Chest	NVBS
		5. Cardiovascular System	S1+S2 (+) NAD Murmur
		6. Abdo. Viscera	Soft, BS (+)
		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
						DISTANT		NEAR			
						R	L	R	L		
180	101	31.2	130/90	76 mins.	L R	Uncorrected Corrected	6/6	6/6	N/6	N/6	W	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.)

known T2DM / SHT / DCP on medication.
NASH - Advised treatment

ASSESSMENT:

FIT

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

Date: 14/03/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 14/03/24 Name (Block Capitals): Dr. / Nurse Signature:

Dr.B.VENKATESH KUMAR
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