Fitness to Work Certificate for Drivers

Employee Data:	Date: 25/07/23
Name: ZAWED ALAM	Department/Company: TRUCK OMAN
I.D. NO: 102668651 Age: 39yr	Occupation: DRIVER

Type of Medical Evaluation — Mark those applying √

A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	

Health Advisor Statement: The above named person has been examined according to the requirements laid down in "Protocols and Guidelines Annex on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work either for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

DR. LIPON KANTI BARUA
GENERAL PRACTITIONER
RUSAIL HEALTH CENTRE
MOH LIC NO: 14977

Name of health advisor — Signature — Date: 25/07/23

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259954
P.O. Box: 14, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC BAHJA CLINIC

Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel : [redacted]

مركز الرسيل الصحي
Rusayl Health Centre
RUSAYL
ISO 9001 : 2015 Certified Co.

RHC/ No. 696995

Date 25-07-23

Dr.
Reg. No.

PRESCRIPTION FORM

Total Amount 35 | 00

NAME : Javed Alam AGE : 37 SEX : M

CODE REG No. DIAG : WARD/OPD :

S. No.	Name of Drug	Dose	Route	Period	Amount	Remarks
	PDO medical				35	

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No. : [illegible]
P.O. Box : 18, P.C. : 124, Rusayl
Sultanate of Oman
RS PAC BAHJA CLINIC

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	ZAWED ALAM.
Nationality	INDIA
Mobile No.	Home/Leave Address:
Company Number: 10266651	Reference Indicator:

Personal Details D.O.B 28/12/84, 39 yrs.

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter No of Children: 4.

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: DAHSA DRIVER Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
	Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	✓		
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease	✓		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	**Have you had any serious allergies**	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
	Do you take any regular medicines, or have your taken in the past?	✓		
	Do you smoke? If yes, what and how much each day?	✓		
	Do you drink alcohol? If yes, what is your average weekly intake?	✓		
	Have you ever taken elicited/recreational drugs?	✓		
	Are you doing regular sports or physical activities?	✓		

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
Sultanate of Oman

STATEMENT: I have read the above questions and the above answers are correct and no information regarding my past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission)) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 25/07/23 **Signature of Applicant:** Jawed Alam

Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel : 24446151 / 54
Fax : 24446833

مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Timing : O.P.D. 7 a.m. to 5 p.m.

Date : 25-07-23

LABORATORY INVESTIGATION

Name : Jawed Alam Sex : M Age : 39
Dr : Lipon Company : TRUCK OMAN.

HAEMATOLOGY

Test	Result	Normal range
Total WBC	6.3	(4000-11000cu/mm)
DC : NEUTROPHIL	56.4	(40-75%)
LYMPHOCYTE	33.9	(20-45%)
EOSINOPHIL	3.7	(1-6%)
MONOCYTE	9.1	(0-10%)
BASOPHIL	0.3	(0-1%)
ESR		(0-12mm/hr)
		(M 13-18 g/dl)
		(F 11-14 g/dl)
Hb	15.1	(14gm/dl—16gm/dl)
RBC COUNT	5.8	(4.5-6.5 Millions/cumm)
Platelet count	241	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	40.1	(40-45%)
MCV	86	(76-100)
MCH	29.3	(27-32pg)
Sickle cell	Negative	
MCHC	33.6	(31—35gm/dl)
Blood Group		

BIOCHEMISTRY

Test	Result	Normal range
Diabetic profile		
Blood sugar(Fasting)	101	(70mg/dl-110mg/dl)(3.8mmol/l - 6.1mmol/l)
PPBS		(80mg/dl-130mg/dl)(4.30-7.2mmol/l)
RBS		(64mg/dl-150mg/dl)(3.6mmol/l-8.3mmol/l)
HBA1C		(4-6.2%)
Lipid profile		
Triglycerides	240	(Upto 200mg/dl)
Total Cholesterol	220.35	(<200mg/dl)
HDL	42.40	(>40mg/dl)
LDL	130.00	(Up to 130mg/dl)
Liver Function test		
Total bilirubin	0.83	(Upto 1.0mg/dl)
SGOT	35.40	(Up to 40IU/L)
SGPT	44.26	(Up to 41IU/L)
Total Protein		(6-8.5gm/dl)
Renal function Test		
S.creatinine	0.95	(0.7-1.4mg/dl)
Urea	31.30	(15-45mg/dl)
Uric acid	5.9	(3.4-7.0 mg/dl)
Cardiac profile		
Troponine T		(<0.01ng/ml)

H. Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Test	Result
Colour	pale straw
Sp gravity	1.020
pH	6.0
Albumin	Nil
Sugar	Nil
Acetone	Nil
Bile Salts	Normal
Urobilinogen	Normal
Blood	Normal
Nitrate	Normal
Leukocyte Esterase	Normal
Microscopic	
Pus cells	/hpf
RBC	/hpf
Epithelial cells	/hpf
Casts	/hpf
Crystals	
Bacteria	
Mucus Thread	

Pregnancy Test

STOOL EXAMINATION

Colour
Consistency
Reaction
Occult Blood
Microscopic test
Cyst
Endamoeba
Flagellates
Pus Cells
R.B. Cs
Epith. cells
Other

SEMEN ANALYSIS

Quantity Reaction
Total Sperm Count millions/ml
(Normal 60-150 millions/ml)
Microscopic: Active motile %
Sluggish motile %
Dead Sperms %
Pus Cells R.B.Cs
Epith. Cells
Morphology: Normal %
Abnormal %

V.D.R.L./Syphilis
R.F.
HBsAg
HCV
HIV

Medical Officer [stamp: DR. LIPON KANTI BARUA, GENERAL PRACTITIONER, RUSAYL HEALTH CENTRE]

Lab. Technician [stamp: مركز الرسيل الصحي RUSAYL HEALTH CENTRE C.R. No.: 1203554, P.O. Box: 18, P.C. 124, Sultanate of Oman — RS PAC BAHJA CLINIC]

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	
✓		2. E.N.T	
✓		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
168	68	24.1	120/65	60/min	L / R ®	DISTANT R / L, NEAR R / L Uncorrected ✓ 6/6 | 6/6 6/6 | 6/6 Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Borderline TG chol & Triglycerides	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	No Medication Needed			8. Lung Function
✓		3. LFT, RFT, RBS	Diet & Life style			9. Chest X-Ray
		4. Drug Screen	Modification Suggested			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.)

ASSESSMENT AND RECOMMENDATIONS

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

Date 25/07/23 Name (Block Capitals) Dr. / Nurse DR. LIPON KANTI BARUA, GENERAL PRACTITIONER, RUSAYL HEALTH CENTRE Signature [signature]

REVIEW/CONSULTATION

Date Name (Block Capitals) Dr. / Nurse Signature

مـركـز الرسيـل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1258864
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC BAHJA CLINIC

Appendix 15: Fitness to Work Certificate

Employee Data		Date 25/07/23
Name JAWED ALAM		Department/Company TRUCK OMAN.
I.D No. 102663651	Age 39yrs	Occupation DRIVER.

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling	A6	Fire / Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveller	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving & all heavy vehicles	A10	Transfers – group B country

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Pulling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date 25/07/23

مركز الرصيل الصحي
RUSAYL HEALTH CENTRE
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Sultanate of Oman
RS PAC BAHJA CLINIC

RUSAYL HEALTH CENTRE
Rusayl Industrial Estate
P.O. Box 18, Rusayl, Postal Code 124
Sultanate of Oman
Tel.: 24446591 / 94
Fax : 24446833

RHC

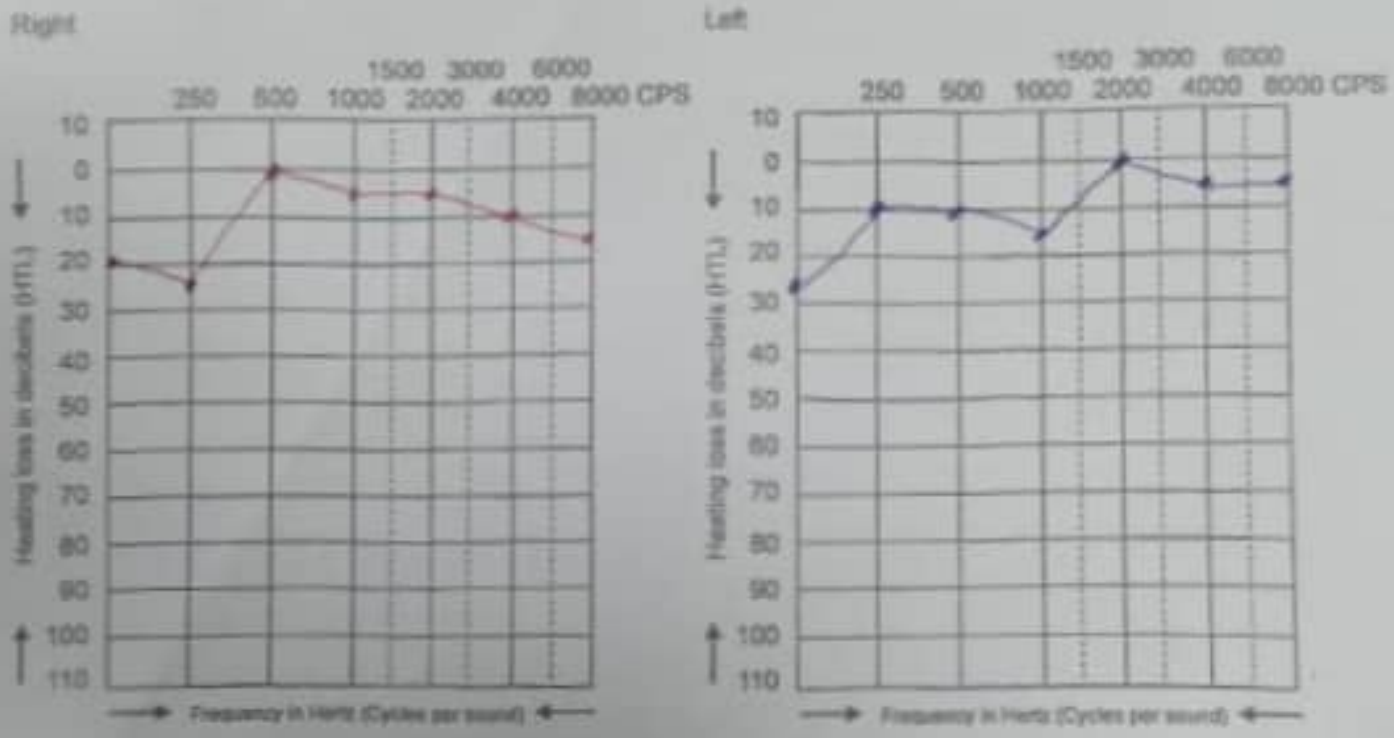
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦٥٩١ / ٩٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ZAWED ALAM. اسم المريض

Age 39 yrs السن Sex M. الجنس Date 25/07/23 التاريخ

Name of Company TRUCK OMAN. اسم الشركة

AUDIOGRAM



Impression : Bilateral Normal Hearing.

DR. LIPIKA KANTI BARUA

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259954
P.O. Box : 18, P.C. : 124, Rusayl
Sultanate of Oman
RS PAC BAHJA CLINIC

11.20 Appendix 20: (Form SQ6): Epworth Screening Quest. for Sleep Apnoea

	Date: 25/07/23
Name: JAWED ALAM	Department/Company: TRUCK OMAN
I.D No. 102669651 Tel # 94733356	Designation: DRIVER

This questionnaire will help identify if you have any health conditions 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 B1 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

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

If you score a total of 16 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I JAWED ALAM (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 25/07/23

مركز الرسيل الصحي
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