MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME	**SATHISHKUMAR PERAMAIYAN**		
AGE/D.O.B	39 Y, 25.11.1981	**DATE**	03.04.2021
PASS/ID NO:	78829961	**GENDER**	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	**HEIGHT**	166 CM
LT-EYE	6/6 WITHOUT GLASSES	**WEIGHT**	71 KG
HEART	NORMAL	**BP**	130/88 mmHg
LUNGS	NORMAL	**PULSE**	86/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	NORMAL
RFT	NORMAL
LFT	NASH
SICKLING TEST	NEGATIVE
URE	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD

COMMENTS NASH- Advised treatment

CONCLUSION **MEDICALLY FIT**

Signature:.....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

BADR NIZWA
C.R No. 1/1693808/8, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

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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 : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | الزوى : 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 SATHISHKUMAR PERANNAIYAN

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 16/3/21

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

Birth date: 25.11.1981 | 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		✓	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		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes	✓		47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? Nil – smoker | Average daily alcohol consumption occational - once a month

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

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

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: 16/3/21 **Signature of Applicant:**

BADR AL SAMAA HOSPITAL L.L.C. NIZWA No. 1/1693818, SULTANATE OF OMAN

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

Tsm x Lyp on DHA

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal Reaction
		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				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
166	71	25.8	130/88	86/mins.	L	Uncorrected	6/6	6/6	N6	N6	N	B+
					R	Corrected					

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.)

T2mm x 2yrs x T. Slim built fit
NAFL - Advised treatment

ASSESSMENT:

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

FIT

Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:

مستشفى بدر السماء تقويم م.م
BADR AL SAMAA HOSPITAL L.L.C.
C.R No. 1/69390/8, SULTANATE OF OMAN
BADR
NIZWA

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

Employee Data		Date: 16/3/24
Name: SATHISHKUMAR PERANTAIYAN		Department/Company:
I. D No. 788 299161	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:** 16/3/24

DR. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA HOSPITAL L.L.C. NIZWA