Initial / Routine Medical Examination Report

MEDICAL – CONFIDENTIAL	Company Number [redacted] 6678
SAGAR POLYCLINIC LLC PO BOX 898, PC 100 AL KHUWAIR, MUSCAT	Employee's Name & Initials: AMEER SAID
	Work Address
	Work location

Place of Examination	Date	Copied to		
Sagar	4/7/17			
Family Name	**Other Names**	**Birth Date**	**Nationality**	**Religion**
	AMEER SAID	1/1/1967	PAKISTANI	MUSLIM

Reason for Examination: [ ] Yearly [ ] Pre-entrance [ ] Transfer [ ] +40/ Request [ ] Travel [ ] Retirement and date

Present Job/Job-type	Ref. indicator	Office Tel. No.	Years with Group	Date and place of last Medical
Driver, HE				

[✓] Male [ ] Female [ ] Single [✓] Married [ ] Widow(er) [ ] Divorced / Separated

Relationship to Employee: [ ] Spouse [1] Son [2] Daughter [3] No. of Children

Home / Leave Address	Name and Address of Family Doctor
PAKISTAN	
Tel No: 92 647499	Tel No:

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

Are you a Registered Disabled Person? [ ] Yes [✓] No
Do you belong to any Medical Insurance Scheme? DKPA / PPP / AMA/ Other [ ] Yes [✓] No

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

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for other than minor ailments?	✓		
Do you take any medicines regularly, or have you done so in the recent past?	✓		
Do you smoke? If yes, what and how much each day?		✓	Tobacco
Do you drink alcohol? If yes, what is your average weekly intake?	✓		
Are you doing regular sports or physical activities?		✓	walking, walk daily
Have you, since your last medical, had any of the following (minor ailments need not be mentioned):	N	Y	Description
1. Ear, nose and throat problems	✓		
2. Eye problems	✓		
3. Chest problems like asthma, bronchitis	✓		
4. Heart abnormality, chest pains	✓		
5. Abdominal pains, abnormal bowel motions	✓		
6. Urogenital problems (kidney disease, menstrual disorders) for women only: last menstrual period (LMP):	✓		
7. Musculoskeletal diseases	✓		
8. Skin trouble or allergies	✓		
9. Epileptic fits, dizzy spells or migraine	✓		
10. Diabetes, anemia, blood disorders	✓		
11. Any other health problem, accident of fractures	✓		
12. Neck swelling / Hands	✓		
13. Any ear discharge	✓		
14. Asthma / Bronchitis	✓		
15. Allergy	✓		
16. Any skin trouble	✓		
17. Tuberculosis	✓		
18. Shortness of breath	✓		
19. Cough / vomiting of blood	✓		
20. Severe abdominal pain	✓		
21. Stomach Ulcer	✓		
	N	Y	Description

Are you a Registered Disabled Person? [ ] Yes [✓] No
Do you belong to any Medical Insurance Scheme? DKPA / PPP / AMA/ Other [ ] Yes [✓] No

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

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Do you smoke? If yes, what and how much each day?		✓	Tobacco
Do you drink alcohol? If yes, what is your average weekly intake?	✓		
Are you doing regular sports or physical activities?		✓	walking, walk daily
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17. Tuberculosis	✓		
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20. Severe abdominal pain	✓		
21. Stomach Ulcer	✓		
	N	Y	Description

Page 2 of 5

STATEMENT: I have read the above questions.

The answers are correct and no information concerning my present or past state of health has been withheld.

Signed: ________ Date: 4/7/17

FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history since last examination

N	A	(N = Normal, A = Abnormal please describe)	PHYSICAL EXAMINATION
✓		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.	
		14.	
		15.	

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR		Color Vision Blood Group
176	100.8	150/90	90/mt		Uncorrected	6/6	6/6			Normal
					Corrected					

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
–		1. Blood Type		–		7. Sickle Cell Screening (Pre – Emp)
✓		2. Hb Blood count ESR & CBC		✓		8. Spirometry
✓		3. Lipid Profile		✓		9. Audiogram
✓		4. Random blood sugar		✓		10. Chest X-Ray
✓		5. LFT		✓		11. ECG
✓		6. RFT		–		12. Drug Screen (Pre Emp)

N	A			N	A	
	✓	13. Framingham Risk Score (> 40)		—	✓	14. CR Screen (HIV, HBsag & HCV)
—		15. TMT (> 40 for Routine Medicals)		—		16. TMT (> 50 for Initial Med / Pre-Emp.)

ASSESSMENT AND RECOMMENDATIONS BY EXAMINING DOCTOR.

① Elevated BP – review after 1 month
② Markedly Elevated Triglycerides
– needs treatment
– review after 3 months post treatment
– Lifestyle modification
③ High Risk for Cardiovascular Disease
(Framingham Scoring)

☑ Fit Worldwide ☑ FIT Restricted Service ☐ Temporarily Unfit (See correspondence)

reason No. ②

Th on 7/7/17 & 10/7/17
near normal
Th
3 months

Signature ______ Doctor/Sister

Dr. Rodrigo B. Amigo, Jr., M.D.
MOH Lic. No. 5061

C.M.O.'s Initials ______ Date ______
Name (Block Capitals)

Chief Medical Officer
MOH Licence No.: 6514
MUSCAT, OMAN

17-7-17.

Details reviewed
Fit

Fitness to Work Certificate for drivers

Employee Data		Date 17.07.2017
Name: AMEER SAID		Department/Company - Printer
I.D No.	Age 38	Occupation : HDD

Type of Medical Evaluation			Mark those applying √
A6 - 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 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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Name of health advisor Signature Date			17-7-12

Dr. SALMA AL-SAWAI
OCCUPATIONAL HEALTH PHYSICIAN
PETROLEUM DEVELOPMENT OMAN LLC
P.O. BOX 81, MUSCAT, P.C. 100
SULTANATE OF OMAN