



## **MEDICAL FITNESS CERTIFICATE FOR P.D.O**

NAME	MANU DHANANJAYAN		
AGE/D.O.B	25.05.1987	DATE	05.12.2022
PASS/ID NO:	78055779	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	176 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	98 KG
HEART	NORMAL	BP	100/70 mmHg
LUNGS	NORMAL	PULSE	78/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

## INVESTIGATIONS

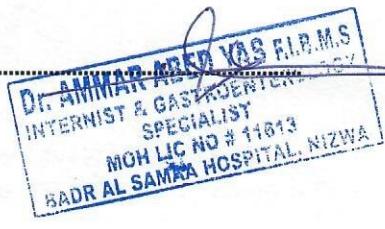
RBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LIPID PROFILE	NORMAL
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
AUDIOMETRY	NORMAL HEARING THRESHOLD

## COMMENTS

## CONCLUSION

## **MEDICALLY FIT**

**Signature:** .....



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### Fitness to Work Certificate

<b>Employee Data</b>		Date : 5 - 12 - 2022	
Name : <b>MANU DHANANJAYAN</b>		Department/Company	
I.D No :	Age : 35	Occupation :	
<b>Type of Medical Evaluation</b>		<b>Mark those applying ✓</b>	
A1 Aircraft refueling		A6 Fire /Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	
A3 Business traveler		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	
<p><b>Health Advisor Statement:</b> 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.</p>			
Fit with no restrictions			
Fit with following restriction(s)		<b>FIT</b>	
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			
Puling, 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) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy )			
<b>Temporary Unfit until</b>			
<b>Permanently Unfit</b>		Date	5 - 12 - 2022
Name of health advisor		Signature	Date :

**Dr. AMMAR ABED YAS H.B.M.S**  
**INTERNIST & GASTROENTEROLOGY**  
**SPECIALIST**  
**MOH LIC NO # 11613**  
**BADR AL SAMAA HOSPITAL, NIZWA**

