



MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME	KISHORKUMAR SRINIVASAN		
AGE/D.O.B	17.05.1986	DATE	18.10.2022
PASS/ID NO:	78749271	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	170 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	79 KG
HEART	NORMAL	BP	142/90 mmHg
LUNGS	NORMAL	PULSE	82/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	ELEVATED FBS
GHB	9.7. %
BLOOD GROUP	'A' POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	DLP
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
AUDIOGRAM	Normal hearing threshold, with SNHL at HF in both ears

COMMENTS

Over weight /DLP - advised lifestyle modification & weight reduction
 K/C/O T2DM / SHT - On medication
 HbA1C Elevated (OHA modified), Repeat FB/PPBS after 2 weeks

CONCLUSION

MEDICALLY FIT

Signature: _____

FIT

Dr. B. VENKATESH KUMAR
 CARDIOLOGIST
 MOH NO#14581





No: 3108027
Name: KISHORKUMAR SRINIVASAN
Age: 36 Y Sex: M
Nationality: INDIAN
GSM No.: 97058323
Ref. By: DR. VENKATESH KUMAR

Doc No: 3621170
Date: 18/10/2022 Time: 12:33
Bill No: 4408686
Chs No:
ID No:

Test	Result	Normal Range
BLOOD GROUP	A	
Rh	POSITIVE	
HAEMOGRAM		
TOTAL COUNT(W B C)	6.4 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	30 %	40- 75 %
LYMPHOCYTES	58 %	20 -45 %
EOSINOPHILS	06 %	01 - 06 %
MONOCYTS	06 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	17.4 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	5.7 mil/ul	3.8 - 5.8 mil/ul
PCV	50.0 %	37 - 47 %
M C V	87.3 fL	78 - 93 fL
M C H	30.4 pg	27 - 32 pg
M C H C	34.9 gm/dL	31 - 35 gm/dL
PLATELET COUNT	198 k/UI	150 - 400 k/UI
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	2.82 mmol/L (17 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	70.72 umol/L (0.80 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	226.02 umol/L (3.8 mg/dl)	Male:202-416 umol/L , Male:3.4-7.0 mg/dl, Female:149-357 umol/L Female:2.5-6.0mg/dl

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:



Collected Date And Time: 18/10/2022 9:23:00 AM
Reported Date And Time: 18/10/2022 12:33:00



No: 3108027
Name: KISHORKUMAR SRINIVASAN
Age: 36 Y Sex: M
Nationality: INDIAN
GSM No.: 97058323
Ref. By: DR. VENKATESH KUMAR

Doc No: 3621171
Date: 18/10/2022 Time: 12:33
Bill No: 4408686
Chs No:
ID No:

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	10.93 mmol/L (197 mg/dl)	Normal: upto 5.55 mmol/L, Impaired fasting glucose:5.55-6.99 mmol/L Diabetic : > 6.99 mmol/L	Normal : up to 100 mg/dl Impaired fasting glucose:100-126 mg/dl Diabetic: > 126 mg/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	3.39 mmol/L (131 mg/dl)	Upto 5.17 mmol/L	Up to 200 mg/dl
CHOLESTEROL [HDL]	0.93 mmol/L (36 mg/dl)	>1.03 mmol/L	> 40 mg/dl
CHOLESTEROL [LDL]	0.97 mmol/L (37.6 mg/dl)	Upto 3.36 mmol/L	Up to 130 mg/dl
CHOLESTEROL [VLDL]	1.48 mmol/L (57.4 mg/dl)	Upto 1.29 mmol/L	Up to 50 mg/dl
TRIGLYCERIDES	3.24 mmol/L (287 mg/dl)	Up to 2.26 mmol/L	Up to 200 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	93 U/L	Male :40 - 129 U/L Female:-35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	47 IU/L	Up to 40 IU / L	
SGPT (ALT)	86 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	14.02 umol/L (0.82 mg/dl)	Up to 17 umol/L	Up to 1.0 mg/dl
DIRECT BILIRUBIN	6.16 umol/L (0.36 mg/dl)	Up to 5 umol/L	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	7.87 umol/L (0.46 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	79 gm/L (7.9 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	47 gm/L (4.7 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	32 gm/L (3.2 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:

Collected Date And Time: 18/10/2022 9:23:00 AM
Reported Date And Time: 18/10/2022 12:33:00



No: 3108027
Name: KISHORKUMAR SRINIVASAN
Age: 36 Y Sex: M
Nationality: INDIAN
GSM No.: 97058323
Ref. By: DR. VENKATESH KUMAR

Doc No: 3621172
Date: 18/10/2022 Time: 12:33
Bill No: 4408686
Chs No:
ID No:

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Yellow
SP. GRAVITY	1.010
REACTION	Acidic(5.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	1-2 / HPF
EPITHELIAL CELLS	0-3 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:



1 of 1

Collected Date And Time: 18/10/2022 9:23:00 AM
Reported Date And Time: 18/10/2022 12:33:00



Organization accredited
by Joint Commission International
Badr Al Samaa Hospital, Muscat, Sultanate of Oman

Doc No: 3622128
Date: 22/10/2022 Time: 09:00
Bill No: 4410624
Chs No:
ID No:
Ref. By: DR. VENKATESH KUMAR

Test	Result	Normal Range
GLYCOSYLATED Hb	9.7 %	< 6.0 % G D A Guidelines: Good Diabetes control < 7 % Fair Diabetes control 7 - 8 % Poor Diabetes control > 8 %

Medical Technology
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:



Clinical Pathologist

Page 1 of 1

Collected Date And Time: 22/10/2022 8:29:00 AM
Reported Date And Time: 22/10/2022 9:00:00

Headquarters:
C/O. No. 1693028, P.O. No. 443, P.C. 112,
Muscat, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

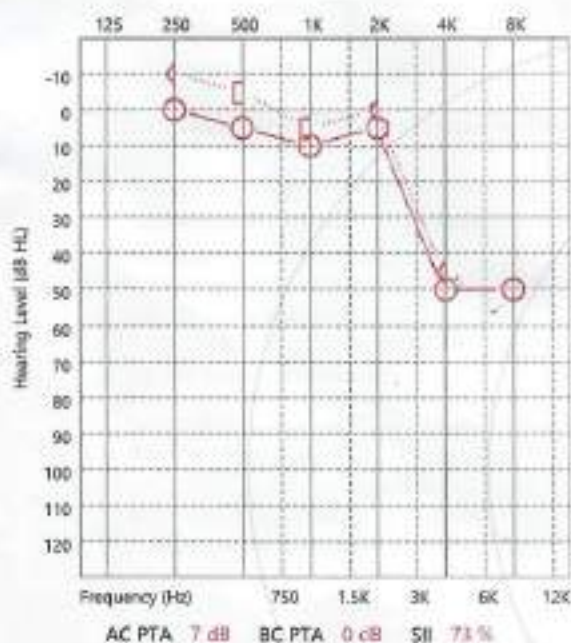
المقر الرئيسي:
ص. ب. ٤٤٣، الرقم البريدي: ١١٢،
مسقط، سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥

First Name KISHORKUMAR SRINIVASAN
 Last Name
 Patient ID 3108027
 Gender Male
 Birthdate 17/05/1986
 Age 36 years

Report Date/Time
 18/10/2022 10:00 AM

Audiogram Graph

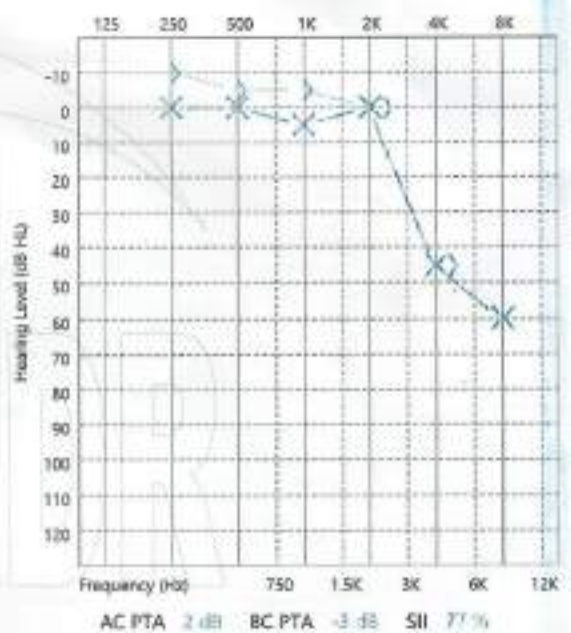
DD45



Symbol	Mean	Comment	Ref
AC unaided	0		0
AC aid	0		0
BC unaided	0		0
BC aid	0		0
AC masked	0		0
BC masked	0		0
AC masked RM	0		0
BC masked RM	0		0
AC masked RL	0		0
BC masked RL	0		0
AC forward	0		0
BC forward	0		0
AC forward masked	0		0
BC forward masked	0		0
AC forward masked RM	0		0
BC forward masked RM	0		0
AC forward masked RL	0		0
BC forward masked RL	0		0

Audiogram Graph

DD45



Provisional Diagnosis

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH MODERATE SENSORINEURAL HEARING LOSS AT HIGH FREQUENCY IN RIGHT EAR & SLOPING SENSORINEURAL HEARING LOSS AT HIGH FREQUENCY IN LEFT EAR.

Examiner SRUTHI JINOY

License Number 16281

Signed By:

SRUTHI JINOY
 AUDIOLOGIST
 MOH LIC 16281

Signed On Date:

18/10/2022



Fitness to Work Certificate

Employee Data		Date : 18/10/22	
Name : KISHORKUNAR SRINIVASAN		Department/Company	
I.D No :	Age : 36 yrs	Occupation : Mechanic	
Type of Medical Evaluation		Mark those applying ✓	
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	
Health Adviser 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		Yes	FIT
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			
Lifting, 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 / Interior Clinic / Confined Work Place / Noisy)			
Temporary Unfit until			
Permanently Unfit		Date	
Name of health advisor		Signature	Date : 18/10/22

mf

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
 REG. NO. 814581



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: SRINIVASAN	
Forenames: KISHOR KUNJAN	
Address:	
Home telephone number:	
Place of examination BADR AL SAMAA	Date 18/10/22
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
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeats
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever/other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Diabetes
12. Stomach ulcer	32. Headaches/migraine
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? (2-3 - 9/day)	
Average daily alcohol consumption 0.00000	
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: **18/10/22** Signature of Applicant:

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

Dr. P. VENKATESH KUMAR
MEDICAL OFFICER

Tam SM
En medi



N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A										
		1. Eyes & Pupils		Normal & reactive							
		2. E.N.T.		3 ears, nose & throat - normal							
		3. Teeth & Mouth									
		4. Lungs & Chest		NRM							
		5. Cardiovascular System		S1/S2 no murmur							
		6. Abdo. Viscera		Soft, non-tender							
		7. Hernial Orifices		Normal							
		8. Anus & Rectum		Normal							
		9. Genito-urinary		Normal							
		10. Extremities		Normal							
		11. Musculo-skeletal		Normal							
		12. Skin & Variouse Vms.		Normal							
		13. C.N.S.		NRM							
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT NEAR R L R L Uncorrected Corrected				Colour Vision	Blood Group
170	79	27.0	142/90	86/min.						6/6 6/6 6/6 6/6	① Atr-a
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.)											
Kblw - T2m post on medication MTHF - Fluoride / DNA modified											
ASSESSMENT:											
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐											
FIT											
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____											
REVIEW/CONSULTATION											
Rpt from - Ppms / 1/2 ② weeks											
Date: 18/10/22 Name (Block Capitals): Dr. / Nurse _____ Signature: _____											

DR. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

DR. SAJILA P.P.
MBBS., DNB (ENT)
Ear, Nose & Throat Surgeon
Tel: 18387



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

Employee Data		Date: 18/10/22
Name: KISHOR KUMAR		Department/Company:
I. D No.	Tel #	Occupation: Mechanic

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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting a talking with someone

☐ Sitting quietly after lunch without alcohol

☐ In a car, while stopped for a few minutes in traffic

Total 3

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: 18/10/22

D. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



