Fitness to Work Certificate

Employee Data		Date : 28/4/21
Name : SHAJI MOOTHANT UZHIATHIL THANKAPPAN		Department/Company
I.D No : 91689701	Age : 54421	Occupation : operator.

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 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

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			
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 (Specifiy) – Working Conditions (Extreme / Interir Clinic / Confined Work Place / Noicy)			

Temporary Unfit until

Permanently Unfit **Date** 28/4/21

Name of health advisor **Signature** **Date :** 28/4/21

BADR AL SAMAA HOSPITAL L.L.C. C.R No. 1/69380/9, SULTANATE OF OMAN BADR NIZWA

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

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 SHAJI NOOTHANT UZHATHIL THANKAPPAN

Forenames :

Address

Place of examination **BADR AL SAMAA** Date 28/4/21

Home telephone number

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

Birth date: 25-03-1967 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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure	✓				
6. Hayfever/other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes	✓				
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? Nil Average daily alcohol consumption Nil

Have you ever taken elicited drugs? (No) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (No) Tuberculosis (No) Epilepsy (No) Asthma (No) Eczema (No)
Heart disease (No) High blood pressure (No) Stroke (No) Blood Disease (No) 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: 28/4/21 **Signature of Applicant:** [signature]

BADR AL SAMAA HOSPITAL L.L.C. NIZWA SULTANATE OF OMAN

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

T2DM x 9yrs on Metformin 500–1000
HTN x [illegible] yrs on O[illegible] 20 100.
Father – Cancer

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