MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**MUBASHAR JAVED**		
AGE/D.O.B	35 Y,10.10.1985	DATE	04.04.2021
PASS/ID NO:	92176062	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	174 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	89 KG
HEART	NORMAL	BP	126/88 mmHg
LUNGS	NORMAL	PULSE	74/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold with 8000Hz dip B/L
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 1.2%

COMMENTS
- To use adequate ear protection in high noise environment
- DLP- Advised lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

SEAL

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

FIT

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برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧١ | فلج : ٢٦٧٥٤١٣١
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مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare . . . Humane Care

File No:	3249887	**Doc No:**	3505508
Name:	MUBASHAR JAVED	**Date:**	04/04/2021 **Time:** 11:42
Age:	35 Y **Sex:** M	**Bill No:**	4119335
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	93838518	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD GROUP	B		
Rh	POSITIVE		
HAEMOGRAM			
TOTAL COUNT(W B C)	5.9 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	62 %	40- 75 %	
LYMPHOCYTES	30 %	20 -45 %	
EOSINOPHILS	02 %	01 - 06 %	
MONOCYTS	06 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	15.5 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	5.44 mil/ul	3.8 - 5. 8 mil/ul	
PCV	43.8 %	37 - 47 %	
M C V	80.6 fL	78 - 93 fL	
M C H	28.5 pg	27 - 32 pg	
M C H C	**35.3 gm/dL**	31 - 35 gm/dL	
PLATELET COUNT	283 k/Ul	150 - 400 k/Ul	
SICKLING TEST	NEGATIVE		
RENAL FUNCTION TEST			
UREA	3.49 mmol/L (21 mg/dl)	1.66 - 7.47 mmol/L	10 - 45 mg/dl
CREATININE	101.66 umol/L (1.15 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	392.57 umol/L (6.6 mg/dl)	Male:202-416 umol/L , Female:149-357 umol/L	Male:3.4-7.0 mg/dl, Female:2.5-6.0mg/dl

Medical Technologist *Requisitioning Doctor:* *Clinical Pathologist*

■ *Out of Normal Range* ■ *Out of Critical Range*

Collected Date And Time:

Reported Date And Time:

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برکاء: ٢٦٨٨٤٩١٠ | صور: ٢٥٥٤٦١١٢ | نزوى: ٢٥٤٤٧٧٧٧ | فلج: ٢٦٧٥٤١٣١
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File No:	3249887	**Doc No:**	3505509
Name:	MUBASHAR JAVED	**Date:**	04/04/2021 **Time:** 11:42
Age:	35 Y **Sex:** M	**Bill No:**	4119335
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	93838518	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	**4.94 mmol/L (89 mg/dl)**	Normal: upto 5.55 mmol/l, Impared fasting glucose:5.55-6.99 mmol/l Diabetic : > 6.99 mmol/l	Normal : up to 100 mg/dl Impared fasting glucose:100-126 mg/dl Diabetic: > 126 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	68 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)	27 IU/L	Up to 40 IU / L	
SGPT (ALT)	**56 IU/L**	Up to 41 IU / L	
TOTAL BILIRUBIN	**11.63 umol/L (0.68 mg/dl)**	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	**3.25 umol/L (0.19 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	8.38 umol/L (0.49 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	78 gm/L (7.8 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	49 gm/L (4.9 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	29 gm/L (2.9 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	**5.95 mmol/l (230 mg/dl)**	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	1.01 mmol/l (39 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	3.4 mmol/l (131.6 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	1.54 mmol/l (59.4 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	3.35 mmol/l (297 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl

Medical Technologist

■ *Out of Normal Range* ■ *Out of Critical Range*

Requisitioning Doctor:

Clinical Pathologist

Collected Date And Time:

Reported Date And Time:

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البريد الالكتروني info@badrsamaa.com

File No:	3249887	**Doc No:**	3505510
Name:	MUBASHAR JAVED	**Date:**	04/04/2021 **Time:** 11:42
Age:	35 Y **Sex:** M	**Bill No:**	4119335
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	93838518	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.015
REACTION	Acidic(6.0)
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	2-4 / 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:

Clinical Pathologist

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

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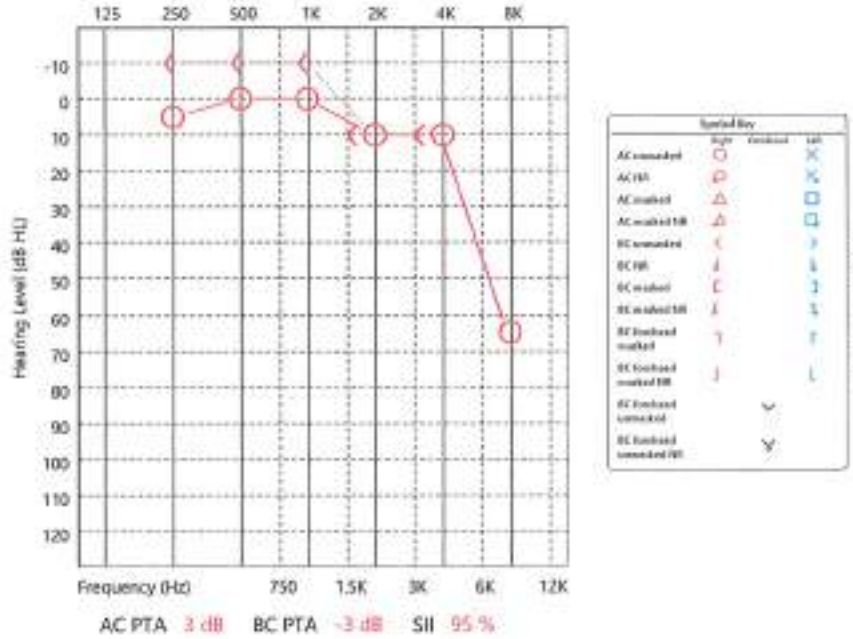
Name	MUBASHAR JAVED
Patient ID	3249887.
Gender	Male
Birthdate	10/10/1985
Age	35 years

Report Date/Time
04/04/2021 10:07 AM

Audiogram Graph

DD45



AC PTA 3 dB BC PTA -3 dB SII 95 %

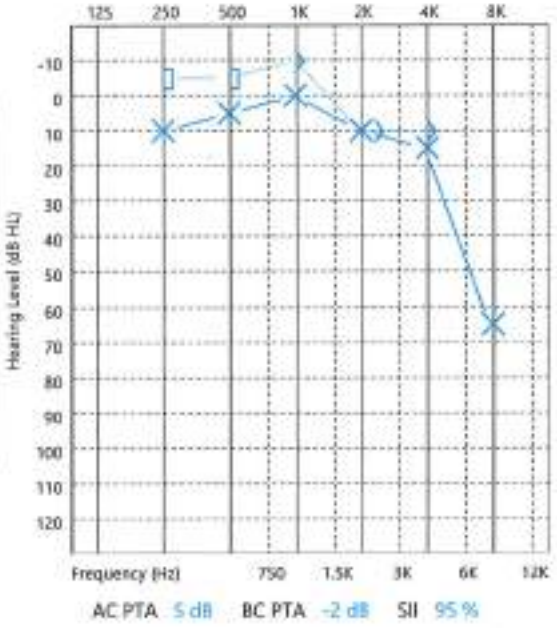
dB EM

AC
BC

REF. ANSI S3.6 / IEC 60645-1

Audiogram Graph

DD45



AC PTA 5 dB BC PTA -2 dB SII 95 %

dB EM

AC
BC 0 0

REF. ANSI S3.6 / IEC 60645-1

Clinical Comments

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH MODERATELY SEVERE DIP AT 8KHZ.

Examiner SRUTHI JINOY License Number 16261

Signed By: SRUTHI JINOY AUDIOLOGIST MOH LIC.# 16261

Signed On Date: 04/04/2021

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

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Fitness to Work Certificate

Employee Data		Date : 04/04/24
Name : MUHAMMAD JAVED		Department/Company
I.D No : 921766662	Age : 35y	Occupation : Heavy vehicle drivers.

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

FIT Yes

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

Temporary Unfit until

Permanently Unfit

Date

Name of health advisor **Signature** **Date :** 04/04/24

BADR AL SAMAA HOSPITAL L.L.C. 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: MUMTAZ FAHAD

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** | Date 04/04/21

If a dependant enter employee's name here:

Surname: | Forenames:

Birth date: 10-10-1995 | 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		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
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? (NB 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 (No)

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: 04/04/21 **Signature of Applicant:**

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

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	Normal & Reactive
		2. E.N.T.	Ear, nose, throat - normal
		3. Teeth & Mouth	normal
		4. Lungs & Chest	S1 S2 (+) No murmur
		5. Cardiovascular System	P/A soft, NT (-)
		6. Abdo. Viscera	normal
		7. Hernial Orifices	normal
		8. Anus & Rectum	normal
		9. Genito-urinary	normal
		10. Extremities	normal
		11. Musculo-skeletal	normal
		12. Skin & Varicose Vns.	normal
		13. C.N.S.	normal

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
174	89	29.4	126 / 78	74/mins.	L					(N)	B+
					R	6/6	6/6	N6	N6		
					Uncorrected / Corrected						

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram Bilateral hearing sensitivity normal with dip @ 8KHz
✓		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.)

DLP – Advised lifestyle modification

ASSESSMENT:

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

FIT

Date: 04/09/19 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 04/09/19 Name (Block Capitals): Dr. / Nurse Signature:

Take ear protections in noisy environment.

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR NIZWA
BADR AL SAMAA HOSPITAL L.L.C

Dr. SAJILA P.P
MBBS., DNB (ENT)., DLO.
Specialist Ent Surgeon
MOH Lic No.: 18387

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

Employee Data		Date: 04/04/24
Name: NAWRASHAR FAYED		Department/Company:
I. D No. 92176062	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
1	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
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	8

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:** 04/04/24

FIT

BADR NIZWA BADR AL SAMAA HOSPITAL L.L.C.

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