1085

مجموعة مستشفيات ومستوصفات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS & POLYCLINICS
More Than Healthcare ... Humane Care

MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME	**SALEEM MUBARAK MABROOK AL RASHDI**		
AGE/D.O.B	46 Y ,14.10.1974	**DATE**	11.08.2021
PASS/ID NO:	2307466	**GENDER**	MALE
VISION-RT-EYE	6/6 WITH GLASSES	**HEIGHT**	165 KG
LT-EYE	6/6 WITH GLASSES	**WEIGHT**	86 KG
HEART	NORMAL	**BP**	120/70 mmHg
LUNGS	NORMAL	**PULSE**	74/Min
ABDOMEN	NORMAL	**CNS**	NORMAL
SKIN	NORMAL	**ENT**	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LIPIDPROFILE	Slightly elevated triglycerides
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 3.4%

COMMENTS * Slightly elevated triglycerides- Advised lifestyle modification

CONCLUSION **MEDICALLY FIT**

Signature: .....

Dr. ATHMAN [illegible] Y&S F.R.B.P.S
INTERNIST & GASTROENTEROLOGY
SPECIALIST
MOH LIC NO # 11613
BADR AL SAMAA HOSPITAL, NIZWA

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المقر الرئيسي :
س.ت. : ١٦٩٣٨٠٨، ص.ب. : ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
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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	
Forenames:	Saleem Mubarak Mabrook
Address	
Home telephone number	

Place of examination **BADR AL SAMAA**	Date

If a dependant enter employee's name here:

Surname:		Forenames:	
Birth date: 14.10.1971	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?	Average daily alcohol consumption

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: 11.06.2014 **Signature of Applicant:**

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

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

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION
N	A		
✓		1. Eyes & Pupils	N
✓		2. E.N.T.	N
✓		3. Teeth & Mouth	N
✓		4. Lungs & Chest	N
✓		5. Cardiovascular System	N
✓		6. Abdo. Viscera	N
✓		7. Hernial Orifices	N
✓		8. Anus & Rectum	N
✓		9. Genito-urinary	N
✓		10. Extremities	N
✓		11. Musculo-skeletal	N
✓		12. Skin & Varicose Vns.	N
✓		13. C.N.S.	N

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION DISTANT NEAR				Colour Vision	Blood Group
							R	L	R	L	
169	99	31.4	120/70	74	L R	Uncorrected Corrected	6/9	6/12	N12	N12	N	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.)

Slightly elevated triglycerides - Advised to follow up for medication

ASSESSMENT:

FIT

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

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

REVIEW/CONSULTATION

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

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

BADR NIZWA HOSPITAL L.L.C.