



MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	JABER ALI ABDULLAH AL YAZEEDI		
AGE/D.O.B	38 Y,13.08.1982	DATE	30.05.2021
PASS/ID NO:	4200676	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	170 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	65 KG
HEART	NORMAL	BP	110/66 mmHg
LUNGS	NORMAL	PULSE	78/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

RBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	NORMAL
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD

CONCLUSION

MEDICALLY FIT

Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

SEAL



Headquarters:

CR. No. 1693808, P.B. No. 443, P.C. 112,

Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

Al Khuwair: 24488322 | Sohar: 26849660 | Al Khoud: 24546009 | Salalah: 23291830

Barka: 26884910 | Sur: 25546112 | Nizwa: 25447777 | Fala: 26754131

Email: info@badroman.com

المقر الرئيسي:

س.ت. ١٦٩٣٨٠٨، ص. ب. ٤٤٣، الرمز البريدي: ١١٢

روحي، سلطنة عمان، هاتف: +٩٦٨ ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥

الخور: ٢٤٤٨٨٣٢٢ | صور: ٢٥٥٤٦١١٢ | نوى: ٢٥٤٤٧٧٧٧ | علق: ٢٦٧٥٤١٣١

بركاء: ٢٦٨٨٤٩١٠ | سحر: ٢٥٥٤٦١١٢ | نوى: ٢٥٤٤٧٧٧٧ | علق: ٢٦٧٥٤١٣١

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BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

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by JCI International Standards
Badr Al Samaa Hospital, Muscat, Oman

File No: 3349895
Name: JABER ALI ABDULLAH ALYAZEEDI
Age: 38 Y Sex: M
Nationality: OMANI
GSM No.: 99877185
Ref. By: DR. VENKATESH KUMAR

Doc No: 3513283
Date: 30/05/2021 Time: 10:34
Bill No: 4147712
Chs No:
ID No:

Test	Result	Normal Range
BLOOD GROUP	A	
Rh	POSITIVE	
HAEMOGRAM		
TOTAL COUNT(W B C)	5.2 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	55 %	40- 75 %
LYMPHOCYTES	32 %	20 -45 %
EOSINOPHILS	03 %	01 - 06 %
MONOCYTS	10 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	11.6 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	5.50 mil/uL	3.8 - 5.8 mil/uL
PCV	33.6 %	37 - 47 %
M C V	61.1 fL	78 - 93 fL
M C H	21.1 pg	27 - 32 pg
M C H C	35.5 gm/dL	31 - 35 gm/dL
PLATELET COUNT	251 k/UL	150 - 400 k/UL
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	4.48 mmol/L (27 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	96.36 umol/L (1.09 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	291.45 umol/L (4.9 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:

Clinical Pathologist

Collected Date And Time:
Reported Date And Time: 30/05/2021 10:34:00



Page: 1 of 1

Headquarters:
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روية سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٠
الخوار : ٢٤٦٨٨٣٢٢ | صحار : ٢٣٢٩١٠٣٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٠٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | الزوي : ٢٤٥٤٦٠٩٩ | فالا : ٢٦٧٥٤١٣١
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File No: 3349895
Name: JABER ALI ABDULLAH ALYAZEEDI
Age: 38 Y Sex: M
Nationality: OMANI
GSM No.: 99877185
Ref. By: DR. VENKATESH KUMAR

Doc No: 3513285
Date: 30/05/2021 Time: 10:35
Bill No: 4147712
Chs No:
ID No:

Test	Result	Normal Range	
BLOOD SUGAR [RANDOM]	5.61 mmol/L (101 mg/dl)	Upto 7.77 mmol/L	Up to 140 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	60 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)	12 IU/L	Up to 40 IU / L	
SGPT (ALT)	17 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	7.01 umol/L (0.41 mg/dl)	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	2.22 umol/L (0.13 mg/dl)	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	4.79 umol/L (0.28 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	72 gm/L (7.2 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	45 gm/L (4.5 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	27 gm/L (2.7 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:

Clinical Pathologist

Collected Date And Time:
Reported Date And Time: 30/05/2021 10:35:00

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الخوارزمي: ٢٤٤٨٨٣٢٢ | صحر: ٢٦٠٤٦٦٦٨ | الخوض: ٢٤٥٤٦٠٩٠ | سلاطنة: ٢٣٢٠١٨٣٠
بركة: ٢٦٦٨٤٩١٠ | صور: ٢٥٥٤٦١١٢ | مسقط: ٢٥٤٤٧٧٧٧ | فالج: ٢٦٧٥٤٨٣١
البريد الإلكتروني: info@badralsamaahospital.com



File No: 3349895
Name: JABER ALI ABDULLAH ALYAZEEDI
Age: 38 Y Sex: M
Nationality: OMANI
GSM No.: 99877185
Ref. By: DR. VENKATESH KUMAR

Doc No: 3513301
Date: 30/05/2021 Time: 11:23
Bill No: 4147712
Chs No:
ID No:

Test	Result	Normal Range	
LIPID PROFILE			
CHOLESTEROL [TOTAL]	4.99 mmol/l (193 mg/dl)	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	0.91 mmol/l (35 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	3.29 mmol/l (127.2 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL [VLDL]	0.8 mmol/l (30.8 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	1.74 mmol/l (154 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: 30/05/2021 11:23:00





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File No: 3349895
Name: JABER ALI ABDULLAH ALYAZEEDI
Age: 38 Y Sex: M
Nationality: OMANI
GSM No.: 99877185
Ref. By: DR. VENKATESH KUMAR

Doc No: 3513286
Date: 30/05/2021 Time: 10:35
Bill No: 4147712
Chs No:
ID No:

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	0-2 / HPF
EPITHELIAL CELLS	2-3 / 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:



Collected Date And Time:
Reported Date And Time: 30/05/2021 10:35:00

Headquarters:

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Barka: 26894910 | Sur: 25546112 | Nizwa: 25447777 | Falaj: 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي:

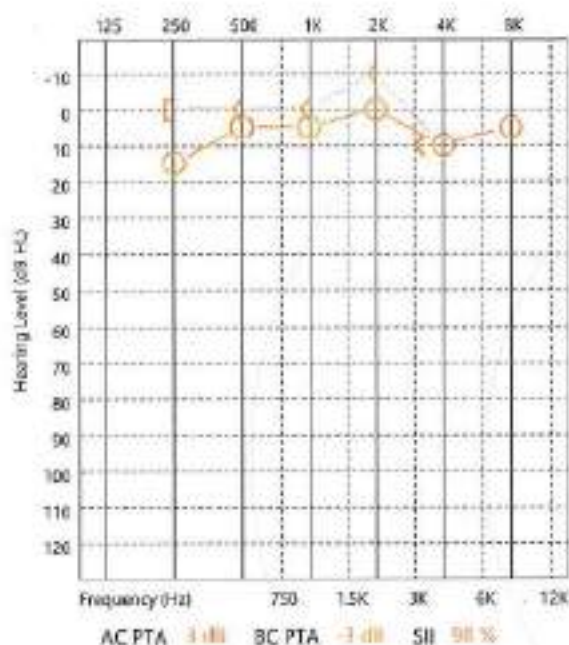
س. ت. ر. ١٦٩٨٠٨، ب.م. ٤٤٣، ط. ١١٢،
رويه سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥
الخور: ٢٤٤٨٨٣٢٢ | صحر: ٢٦٨٤٦٦٦٠ | الخوض: ٢٤٥٤٦٠٩٠ | صلالة: ٢٣٢٩١٨٣٠
بوخا: ٢٦٨٩٤٩١٠ | صور: ٢٥٥٤٦١١٢ | الروي: ٢٤٥٤٦٧٧٧ | الفلاج: ٢٦٧٥٤١٣١
البريد الإلكتروني: info@badr.com.om

Name	JABER ALI ABDULLAH ALYAZEEDI
Patient ID	3349895
Gender	Male
Birthdate	13/06/1982
Age	35 years

Report Date/Time
30/05/2021 10:22 AM

Audiogram Graph

PMSE



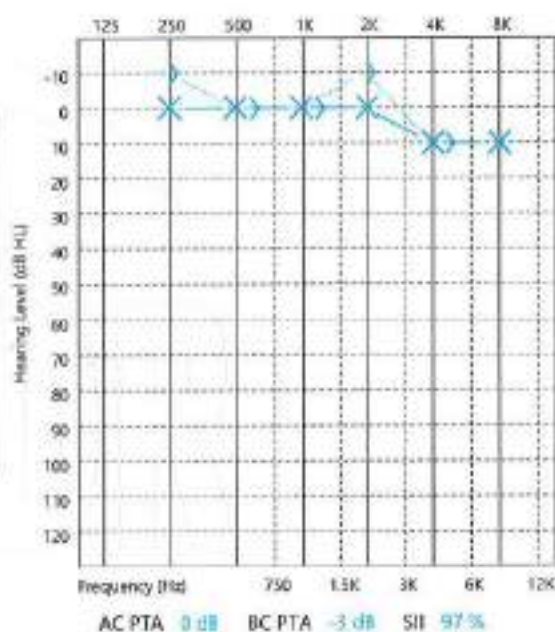
DB EN

AC										
BC	C									

REF. ANSI S3.6 / IEC 60645-1

Audiogram Graph

DD45



doi:10.1017/S0022292412001611

[illegible]

REF. ANSI S3.6 / IEC 60645-1

Clinical Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS.

Examiner SRUTHI JINYOY

License Number 16261

Signed By:

Signed On Date:

SRUTHI SINGH
AUDIOLOGIST
MOH LIC. 16261

30/05/2022

Headquarters:

CR. No. 1693800, P.D. No. 443, P.C. 112.

Royal Sultanabo of Oman, Tel: +968 24799760, Fax: 24799765

Al Khawarizmi: 2446332 | Sohar: 26816690 | Al Kiyad: 24540099 | Salalah: 13291890

Ad KIRIWIJI : 24463322 | Sinar : 26666996 | Ad KIRIWIJI : 24463322 | Sinar : 26666996
Buka : 26884910 | Sur : 25546112 | Nila : 25417777 | Eka : 26754131

Email: info@bedralsamaailhospital.com

المحور الرئيسي :

سيرت: ٨-١٩٣٨، ط١، ج١، ص١٤٣، الجزء الرابع، ١٩٤٠

95. *Environ. Biol. Fish.* 2003, 66: 161-170.

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تحت إشراف: د. محمد عبد الحليم عبد الله
إشراف: د. محمد عبد الحليم عبد الله

الموقع الإلكتروني: www.alukah.net

Fitness to Work Certificate

Employee Data		Date : 30/5/21	
Name : JACER ALI ABDULRAHMAN ALYAZZABI		Department/Company	
I.D No : 4200670	Age : 35y	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		Yes	
Fit with following restriction(s)		FIT	
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			
Pushing, pulling, 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		Date	
Permanently Unfit			
Name of health advisor	Signature	Date : 30/5/21	


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 JABER ALI ABDULMAN AL YATZEDU					
Forenames :					
Address					
Home telephone number					
Place of examination BADR AL SAMAA	Date 30/1/21				
If a dependent, enter employee's name here: Surname:					
Forenames:					
Birth date: 15-05-1962	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		41. Awarded benefits for industrial injury/illness	
4. Any ear discharge		24. Abnormal heartbeat		42. Treated for a mental condition e.g. depression	
5. Asthma/bronchitis		25. High blood pressure		43. Treated for problem drinking or drug abuse	
6. Hayfever/other significant allergy		26. Stroke		44. Exposed to toxic substance or noise	
7. Any skin trouble		27. Serious chest pain		FOR WOMEN ONLY	
8. Tuberculosis		28. Any blood disease		Have you ever had:-	
9. Shortness of breath		29. Kidney disease		45. An abnormal smear	
10. Coughed/vomited blood		30. Blood in urine		46. Any gynaecological treatment	
11. Severe abdominal pain		31. Diabetes		47. Are you pregnant?	
12. Stomach ulcer		32. Headaches/migraine		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
13. Recurrent indigestion		33. Dizziness/fainting			
14. Jaundice or hepatitis		34. Epilepsy			
15. Gall Bladder disease		35. Joint/signal 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? (5-6 cig/day)		Average daily alcohol consumption none			
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/recreational drugs					
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)					
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)					
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-					
I declare 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: 30/1/21		Signature of Applicant:			
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					

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 - B/L TM normal, Noth. throat, normal							
		3. Teeth & Mouth									
		4. Lungs & Chest		Normal							
		5. Cardiovascular System		S/B P, K/S normal							
		6. Abdo. Viscera		B/L, M/P normal							
		7. Genital Orifices									
		8. Anus & Rectum		normal							
		9. Genito-urinary		normal							
		10. Extremities		normal							
		11. Musculo-skeletal		normal							
		12. Skin & Varicose Vss.		normal							
		13. C.N.S.		normal							
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
170	65.7	22.7	100/60	98/min.	L R	DISTANT Uncorrected Corrected	NEAR R L R L 6/6 6/6 N/6 N/6		(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.)											
ASSESSMENT:											
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐											
Date: 30/5/21 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 30/5/21 Name (Block Capitals): Dr. / Nurse Signature:											

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

(Signature)

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



Bilateral hearing
sensitivity within
normal limit

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

Employee Data		Date: 30/5/21
Name: TABER ALL ABDELHAM AL		Department/Company:
I. D No. 4200676	Tel # 4422201	Occupation: operator

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

<u>1</u>	sitting and reading
<u>0</u>	watching TV
<u>0</u>	sitting inactive in a public place (e.g. theatre or meeting)
<u>2</u>	as a passenger in the car for an hour without a break
<u>2</u>	Lying down to rest in the afternoon when circumstances permit
<u>0</u>	Sitting and talking with someone
<u>1</u>	Sitting quietly after lunch without alcohol
<u>0</u>	In a car, while stopped for a few minutes in traffic
Total	<u>6</u>

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, TABER ALL ABDELHAM AL (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 30/5/21

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



