



6574



## MEDICAL FITNESS CERTIFICATE FOR P.D.O

### NAME

**RAJI RABIA KHADOUM AL SAADI**

AGE/D.O.B	44 Y, 22.06.1977	DATE	11.08.2021
PASS/ID NO:	8142217	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	165 KG
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	86 KG
HEART	NORMAL	BP	120/70 mmHg
LUNGS	NORMAL	PULSE	72/Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

### INVESTIGATIONS

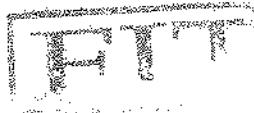
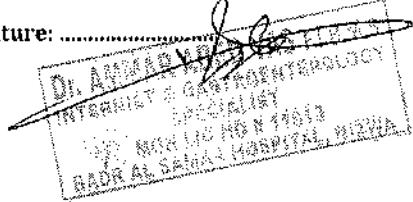
FBS	NORMAL
BLOOD GROUP	O POSITIVE
HAEMOGGRAM	NORMAL
LIPID PROFILE	DLP
RFT	NORMAL
LFT	NORMAL
SICKLING TEST	NEGATIVE
URE	NORMAL
ECG	NORMAL
AUDIOGRAM	NORMAL AUDIOMETRIC THRESHOLD
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 2.9%

COMMENTS \* DLP- Advised lifestyle modification

### CONCLUSION

**MEDICALLY FIT**

Signature: .....



### Headquarters:

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المقر الرئيسي: س.ت. ١٦٩٣٨٠٨، ص. ب. ٤٤٣، الرمز البريد: ١١٢  
 روی سلطنة عمان، هاتف: +٩٦٨ ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥  
 العنوان: شارع ٢٢٣٣، ص.ب. ٤٤٣، م.خ. ١٦٩٣٨٠٨، البريد: ١١٢  
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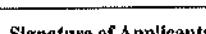
**Appendix 32: EX1 Form (Initial Examination Report)**

**INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**



**Petroleum Development Oman  
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Place of examination <b>BADR AL SAMAA</b>		Date <b>11-08-2011</b>	Surname <b>Rajab Rashed Khandoon Al Saadi</b>		
If a dependant enter employee's name here:		Forenames: <b>Rajab Rashed Khandoon Al Saadi</b>			
Surname: <b>Rajab Rashed Khandoon Al Saadi</b>		Address: <b>Al Samaa Hospital, Nizwa, Oman</b>			
Home telephone number: <b>0968 200 2000</b>					
Birth date: <b>22.08.1961</b>		Nationality: <b>QATARI</b>		Country of birth: <b>QATAR</b>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Number of children: <b>1</b>					
Reason for examination Pre-Employment Job: <b>None</b>					
Pre-Overseas Area: <b>None</b>					
Name and address of family doctor		List your last 3 jobs			
(1)					
(2)					
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
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. 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?			Average daily alcohol consumption		
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>					
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: <b>11-08-2011</b>		Signature of Applicant: 			
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities					



R A J S

N = Normal A = Abnormal (please describe)			PHYSICAL EXAMINATION								
N	A										
/		1. Eyes & Pupils		Normal							
/		2. E.N.T.		Normal							
/		3. Teeth & Mouth		Normal							
/		4. Lungs & Chest		Normal							
/		5. Cardiovascular System		Normal							
/		6. Abdo. Viscera		Normal							
/		7. Genital 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 /mins.	HEARING L R	VISION DISTANT R L Uncorrected <u>6/10</u> <u>6/10</u> Corrected <u>6/10</u> <u>6/10</u>			Colour Vision	Blood Group	
165	86	31.4	120/70						Normal	O+	
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.)  DLP. <i>Quintal</i> <i>festive</i> <i>modest</i> <i>cooperative</i>											
ASSESSMENT:  FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/>											
Date:	Name (Block Capitals): Dr. / Nurse			Signature: <i>WALI AL SAQAA YAS FIRM</i>							
REVIEW/CONSULTATION  <i>INTERNSHIP &amp; GENERAL MEDICINE</i> <i>SPECIALIST</i> <i>MOH LIC NO # 11843</i> <i>BADR AL SAQAA HOSPITAL, NIJWA</i>											
Date:	Name (Block Capitals): Dr. / Nurse			Signature: <i>WALI AL SAQAA YAS FIRM</i>							

