# MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

| | | | |
|---|---|---|---|
| **NAME** | **RIYAZ AHMAD** | | |
| AGE/D.O.B | 39 Y,15.10.1981 | DATE | 16.03.2021 |
| PASS/ID NO: | 77548138 | GENDER | MALE |
| VISION-RT-EYE | 6/6 WITHOUT GLASSES | HEIGHT | 165 CM |
| LT-EYE | 6/6 WITHOUT GLASSES | WEIGHT | 72 KG |
| HEART | NORMAL | BP | 130/86 mmHg |
| LUNGS | NORMAL | PULSE | 78/ Min |
| ABDOMEN | NORMAL | CNS | NORMAL |
| SKIN | NORMAL | ENT | NOSE- Mild DNS Asymptomatic |

## 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 minimal hearing loss at 250Hz & 500Hz in Rt ear & mild dip at 4000Hz in Lt ear |
| FRAMINGHAM SCORE | Probability of developing cardiovascular disease in next 10 years is 1.7% |

**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

FIT

SEAL

BADR AL SAMAA HOSPITAL L.L.C. C.R No. 1/693808/8, SULTANATE OF OMAN NIZWA



Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badroman.com

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
البريد الإلكتروني info@badroman.com

## 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** RIYAZ AHMED

**Forenames :**

**Address**

Home telephone number

Place of examination **BADR AL SAMAA** | Date 16/03/21

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

Birth date: 15.10.1981 | 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. 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? 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 (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:** 16/03/21 **Signature of Applicant:**

BADR AL SAMAA HOSPITAL L.L.C. NIZWA C.R.No. 1/69380/8, SULTANATE OF OMAN

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

Nothing - Stf

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. | |
| | | 3. Teeth & Mouth | |
| | | 4. Lungs & Chest | NAD |
| | | 5. Cardiovascular System | S1+S2 (+), No murmur |
| | | 6. Abdo. Viscera | soft, NT (+) |
| | | 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. | NFND |

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING | VISION | | | | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | DISTANT | | NEAR | | | |
| | | | | | | | R | L | R | L | |
| 165 | 72 | 26.4 | 130/86 | 78/mins. | L | Uncorrected | 6/6 | 6/6 | N/6 | N/6 | (N) |
| | | | | | R | Corrected | | | | | B+ |

| 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 - Advised lifestyle modification

**ASSESSMENT:**

FIT

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

Date: 16/03/24 Name (Block Capitals): Dr. / Nurse Signature:

**REVIEW/CONSULTATION**

Date: 16/03/24 Name (Block Capitals): Dr. / Nurse Signature:

مستشفى بدر السماء ش.م.م
سلطنة عمان ١/٦٩٣٨٠
BADR
NIZWA
C.R No. 1/69360/8, SULTANATE OF OMAN
BADR AL SAMAA HOSPITAL L.L.C.

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581