MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	**NARINDERJIT SINGH**		
AGE/D.O.B	46 Y,24.04.1974	DATE	04.04.2021
PASS/ID NO:	62460653	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	176 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	76 KG
HEART	NORMAL	BP	110/76 mmHg
LUNGS	NORMAL	PULSE	54/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	A POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	NORMAL
LIPID PROFILE	NORMAL
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
ECG	SINUS BRADYCARDIA
AUDIOGRAM	Normal hearing threshold with minimal hearing loss at high frequency
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 0.9%

COMMENTS * **To use adequate ear protection in high noise environment**

CONCLUSION

Signature: .....

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT

SEAL

BADR NIZWA
BADR AL SAMAA HOSPITAL L.L.C

File No: 3187524
Name: NARINDERJIT SINGH
Age: 46 Y **Sex:** M
Nationality: INDIAN
GSM No.: 93198086
Ref. By: DR. VENKATESH KUMAR

Doc No: 3505543
Date: 04/04/2021 **Time:** 13:10
Bill No: 4119342
Chs No:
ID No:

Test	Result	Normal Range	
BLOOD GROUP	A		
Rh	POSITIVE		
HAEMOGRAM			
TOTAL COUNT(W B C)	6.2 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	65 %	40- 75 %	
LYMPHOCYTES	26 %	20 -45 %	
EOSINOPHILS	03 %	01 - 06 %	
MONOCYTS	06 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	**13.7 gm/dl**	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	4.55 mil/ul	3.8 - 5. 8 mil/ul	
PCV	39.2 %	37 - 47 %	
M C V	86.3 fL	78 - 93 fL	
M C H	30.2 pg	27 - 32 pg	
M C H C	35.0 gm/dL	31 - 35 gm/dL	
PLATELET COUNT	245 k/Ul	150 - 400 k/Ul	
SICKLING TEST	NEGATIVE		
RENAL FUNCTION TEST			
UREA	3.65 mmol/L (22 mg/dl)	1.66 - 7.47 mmol/L	10 - 45 mg/dl
CREATININE	70.72 umol/L (0.80 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	273.61 umol/L (4.6 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

BADR NIZWA BADR AL SAMAA HOSPITAL L.L.C

Collected Date And Time:
Reported Date And Time:

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@badralsamaahospitals.com

المقر الرئيسي :
ص.ب. ١٦٩٣٨٠٨، الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠ فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
برخه : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badroman.com

File No:	3187524	**Doc No:**	3505544
Name:	NARINDERJIT SINGH	**Date:**	04/04/2021 **Time:** 13:10
Age:	46 Y **Sex:** M	**Bill No:**	4119342
Nationality:	INDIAN	**Chs No:**	
GSM No.:	93198086	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	**5.05 mmol/L (91 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/ Diabetic: > 126 mg/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	3.67 mmol/l (142 mg/dl)	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	1.47 mmol/l (57 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	1.95 mmol/l (75.4 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	0.25 mmol/l (9.6 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	0.54 mmol/l (48 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	72 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)	20 IU/L	Up to 40 IU / L	
SGPT (ALT)	16 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	**11.29 umol/L (0.66 mg/dl)**	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	**4.1 umol/L (0.24 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	7.18 umol/L (0.42 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	74 gm/L (7.4 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	44 gm/L (4.4 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	30 gm/L (3 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist *Requisitioning Doctor:* *Clinical Pathologist*

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

Collected Date And Time:

Reported Date And Time:

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

Headquarters:
Cir. No. 1693808, PB No. 441, 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@badralsamaahospitals.com

المقر الرئيسي :
ص ب : ٤٤١، الرمز البريدي : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخابورة : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني info@badromaan.com

File No:	3187524	**Doc No:**	3505545
Name:	NARINDERJIT SINGH	**Date:**	04/04/2021 **Time:** 13:10
Age:	46 Y **Sex:** M	**Bill No:**	4119342
Nationality:	INDIAN	**Chs No:**	
GSM No.:	93198086	**ID No:**	
Ref. By:	DR. VENKATESH KUMAR		

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.020
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 NIZWA BADR AL SAMAA HOSPITAL L.L.C

Collected Date And Time:

Reported Date And Time:

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Buwair : 24488322 | Sohar : 26846660 | Al Rhusd : 24540099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546512 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

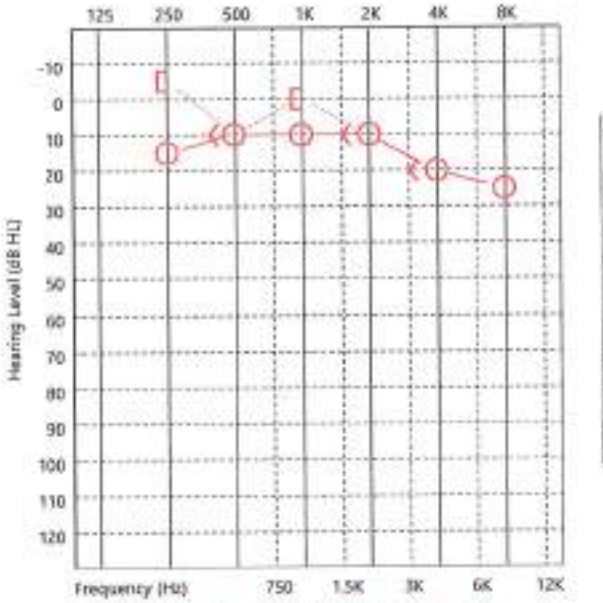
المقر الرئيسي :
س.ت : ١٦٩٣٨٠٨، ص.ب ٤٤٣، الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
البريمي : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الرصد : ٢٤٥٤٠٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦٥١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badrsamaa.com

Name	NARINDERJIT SINGH
Patient ID	3187524.
Gender	Male
Birthdate	24/04/1974
Age	46 years

Report Date/Time
04/04/2021 9:44 AM

Audiogram Graph

DD45



AC PTA 10 dB BC PTA 7 dB SII 95 %

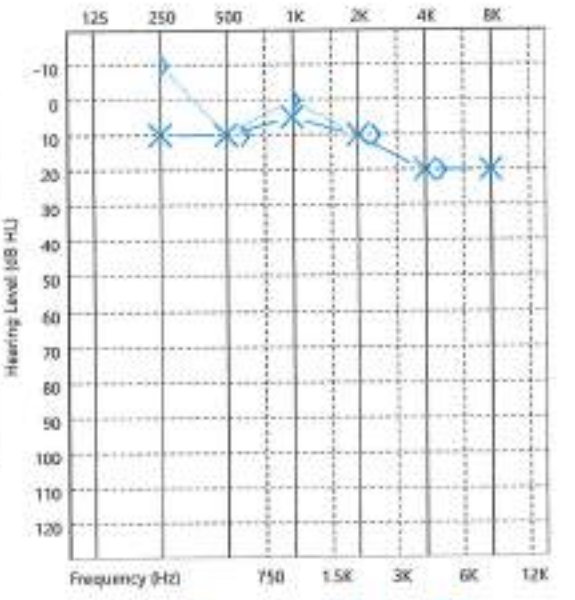
dB EM

AC												
BC		0		0								

REF. ANSI S3.6 / IEC 60645-1

Audiogram Graph

DD45



AC PTA 8 dB BC PTA 7 dB SII 95 %

dB EM

AC												
BC												

REF. ANSI S3.6 / IEC 60645-1

Clinical Comments

?BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH MINIMAL HEARING LOSS AT HIGH FREQUENCY.

Examiner SRUTHI JINOY License Number 16261

SRUTHI JINOY
AUDIOLOGIST
MOH LIC.# 16261

Signed By: _____ Signed On Date: 04/04/2021

BADR AL SAMAA HOSPITAL L.L.C. NIZWA

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Nawi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Al Khuwair : 24488322 | Sohar : 26846060 | Al Khoud : 24546099 | Salalah : 23291830
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي :
س.ت : ١٦٩٣٨٠٨، ص.ب ٤٤٣، الرمز البريد ١١٢
نوي، سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٠٦٠ | الخوض : ٢٤٥٤٦٩٩٠ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badromani.com

Fitness to Work Certificate

Employee Data		Date : 4/4/21
Name : NARINDERJIT SINGH		Department/Company
I.D No : 62460653	Age : 46yr	Occupation : Heavy Vehicle Driver

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

Fit with no restrictions			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			
Paling, 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** 4/4/21

Name of health advisor **Signature** **Date :** 4/4/21

BADR AL SAMAA HOSPITAL L.L.C. 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 NARINDERJIT SINGH

Forenames :

Address

Home telephone number

Place of examination **BADR AL SAMAA** Date 4/4/21

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

Forenames:

Birth date: 24-04-1979 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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever/other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had:-		
45. An abnormal smear		✓
46. Any gynecological treatment		✓
47. Are you pregnant?		✓
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		✓

How much tobacco each day? N.U

Average daily alcohol consumption N.U

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: 4/4/21 **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 Reaction
		2. E.N.T.	Ears, nose, throat normal
		3. Teeth & Mouth	
		4. Lungs & Chest	NVNS -
		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.	normal

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
176	76	24.5	100/90	54/mins.	L R	Uncorrected Corrected	6/6	6/6	N6	✓	A+

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram Bilateral hearing results normal with minimal HL at high freq.
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG Sinus Bradycardia
✓		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HBV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:

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

FIT

Date: 4/4/21 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 4/4/21 Name (Block Capitals): Dr. / Nurse Signature:

Take ear protection measures in noisy environment

BADR AL SAMAA HOSPITAL NIZWA SULTANATE OF OMAN MOH NO#14581

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: 4/4/21
Name: AMRINDERJIT SINGH		Department/Company:
I. D No. 024600653	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
0	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
2	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	7

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: 4/4/21

FIT

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

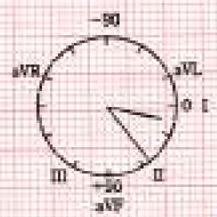
Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

BADR AL SAMAA NIZWA

ID :
First Name:
Last Name:
Age :0
Height :0 cm
Weight :0 kg
Gender :Male
Race :No
Pacemaker :No

Physician :No
Technician :No
Room No. :0
Medication1 :No
Medication2 :No
Comments :

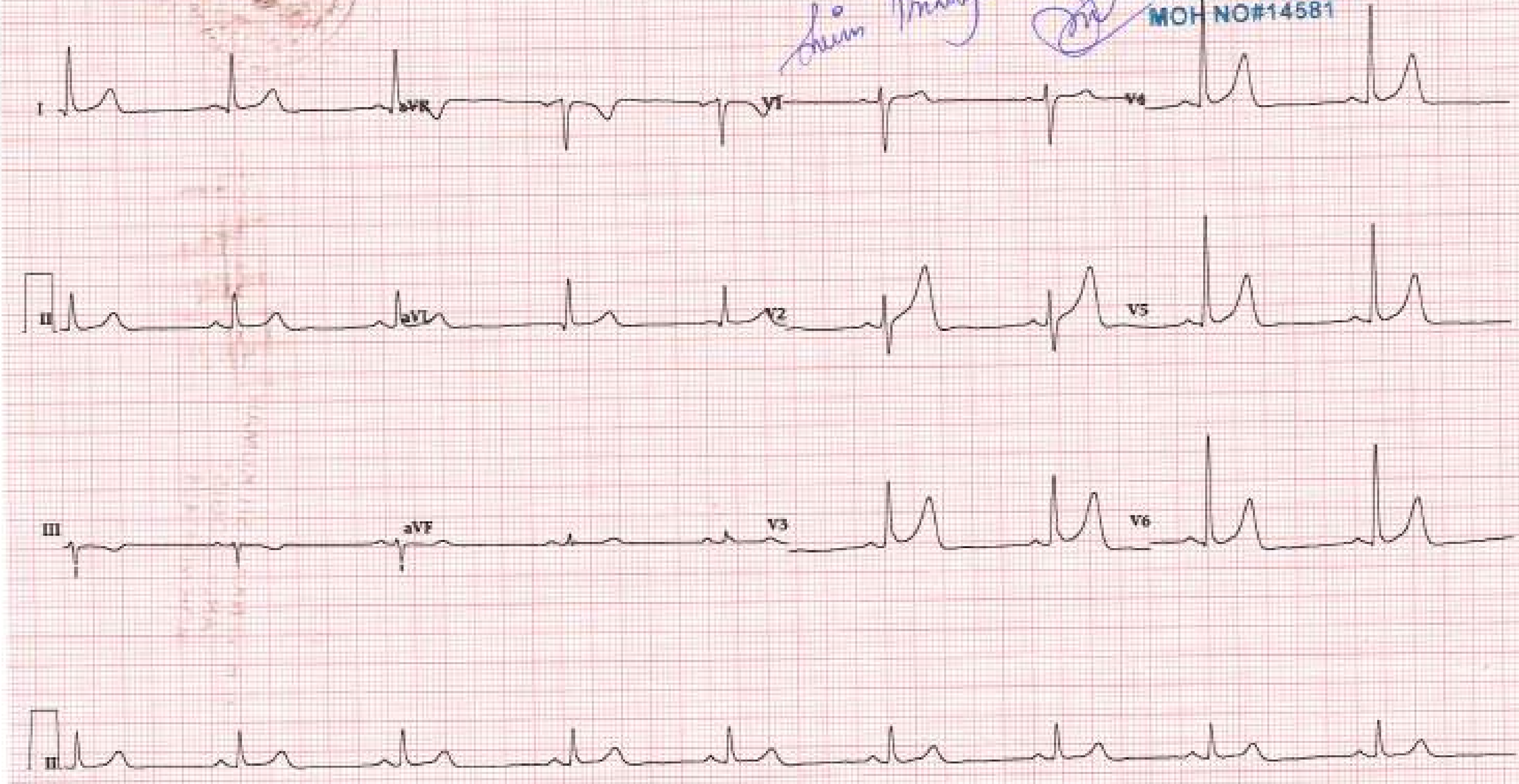
Vent. Rate	:	53	bpm
PR Interval	:	140	ms
QRS Duration	:	86	ms
QT/QTc	:	434 / 407	ms
PP/RR Interval	:	1136/1132	ms
P/R/T axis	:	52 /13 /14	



<Diagnosis Result>
Sinus Bradycardia
[Summary] Abnormal

Sinus Bradycardia

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



[redacted].16 - 100Hz 50Hz EMG 10mm/mV 25mm/Sec 4/ 4/2021 AM 9:59 AFS 3*1R MEDIGATE MeCA812i Ver 1.62/0.07 S/N MD05315040169