



MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME		MUHAMMAD IRFAN KHAN	
AGE/D.O.B	36 Y, 02.05.1984	DATE	16.03.2021
PASS/ID NO:	73494177	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	168 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	89 KG
HEART	NORMAL	BP	132/88 mmHg
LUNGS	NORMAL	PULSE	78/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	AB POSITIVE
HAEMOGRAM	NORMAL
LFT	NASH
RFT	NORMAL
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold with high frequency SNHL in Rt ear & 4000Hz dip in Lt ear
FRAMINGHAM SCORE	Probability of developing cardiovascular disease in next 10 years is 1%

COMMENTS	* To use adequate ear protection in high noise environment
	* Known T2DM since 1 year on medication
	* NASH- Advised treatment
	* DLP- Advised lifestyle modification

CONCLUSION MEDICALLY FIT

Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

FIT



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 BADR AL SAMAA		Date 16/3/21	Surname MUHAMMAD IRFAN KHAN		
If a dependant enter employee's name here: Surname:			Forenames:		
Birth date: 02-05-1984 Nationality:			Country of birth:		
Religion:			Relationship to employee		
☒ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced			☐ Wife ☐ Son ☐ Daughter		
Reason for examination Pre-Employment Job: ☐			Number of children:		
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
1. Sinus trouble		☒	21. Cancer		☒
2. Neck swelling/glands		☒	22. Heart Disease		☒
3. Difficulty in vision		☒	23. Rheumatic fever		☒
4. Any ear discharge		☒	24. Abnormal heartbeat		☒
5. Asthma/bronchitis		☒	25. High blood pressure		☒
6. Hayfever/other significant allergy		☒	26. Stroke		☒
7. Any skin trouble		☒	27. Serious chest pain		☒
8. Tuberculosis		☒	28. Any blood disease		☒
9. Shortness of breath		☒	29. Kidney disease		☒
10. Coughed/vomited blood		☒	30. Blood in urine		☒
11. Severe abdominal pain		☒	31. Diabetes	☒	☒
12. Stomach ulcer		☒	32. Headaches/migraine		☒
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? very rarely			Average daily alcohol consumption occasional 90ml/Week		
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/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 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: 16/3/21			Signature of Applicant: [Signature]		
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE					
Further details of medical history and recreational activities					

T2m on Amnol - M - 2/500 - ob since lyp

[Signature]

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.		Clear, nose & throat - No significant abnormality noted.			
		3. Teeth & Mouth		mm			
		4. Lungs & Chest		Sch @ No normal			
		5. Cardiovascular System		b/f, m/p			
		6. Abdo. Viscera		normal			
		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
168	89.7	31.8	132/88	78 mins.	L R	DISTANT NEAR Uncorrected Corrected	AB+
						R L R L 6/6 6/6 N/A 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.)							
Tamm xly on Amaryl-19 2/500 - DD NASH - Advised treatment DLP - Advised lifestyle modification							
ASSESSMENT:							
FIT ALL AREAS ☒ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐							
Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:							
REVIEW/CONSULTATION							
Date: 16/3/21 Name (Block Capitals): Dr. / Nurse Signature:							

Take ear protection measures in noisy environment.

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

Dr. B. Venkatesh Kumar
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