BADR
مستشفى بدر السماء
BADR AL SAMAA HOSPITAL
AL KHOUD, SULTANATE OF OMAN الخوض، سلطنة عمان
More Than Healthcare ... Humane Care

10284

Organization Accredited by Joint Commission International

MEDICAL FITNESS FORM

TRUCK OMAN

NAME:	MR. AHMED HAMOOD HAMED NJIM AL HIKMANI	DATE:	13/07/2019
DOB/ SEX:	27/01/1998, MALE	MRN NO:	7821876
VISION RT-EYE:	6/6	HEIGHT:	166 cm
VISION LT-EYE:	6/6	WEIGHT:	90 kg
HEART:	NORMAL	BP:	120/80mmHg
LUNGS:	NORMAL	PULSE:	72/min
ABDOMEN:	NORMAL	CNS:	NORMAL
SKIN:	NORMAL	ENT	NORMAL

INVESTIGATIONS:

CBC/ ESR	NORMAL
URINE ANALYSIS:	NORMAL
FBS/RBS	NORMAL
LFT,RFT	NORMAL
AUDIOMETRY:	NORMAL EXCEPT LEFT AT 4KHz
CHEST X RAY:	NORMAL
ECG:	NORMAL

COMMENTS: MEDICALLY FIT

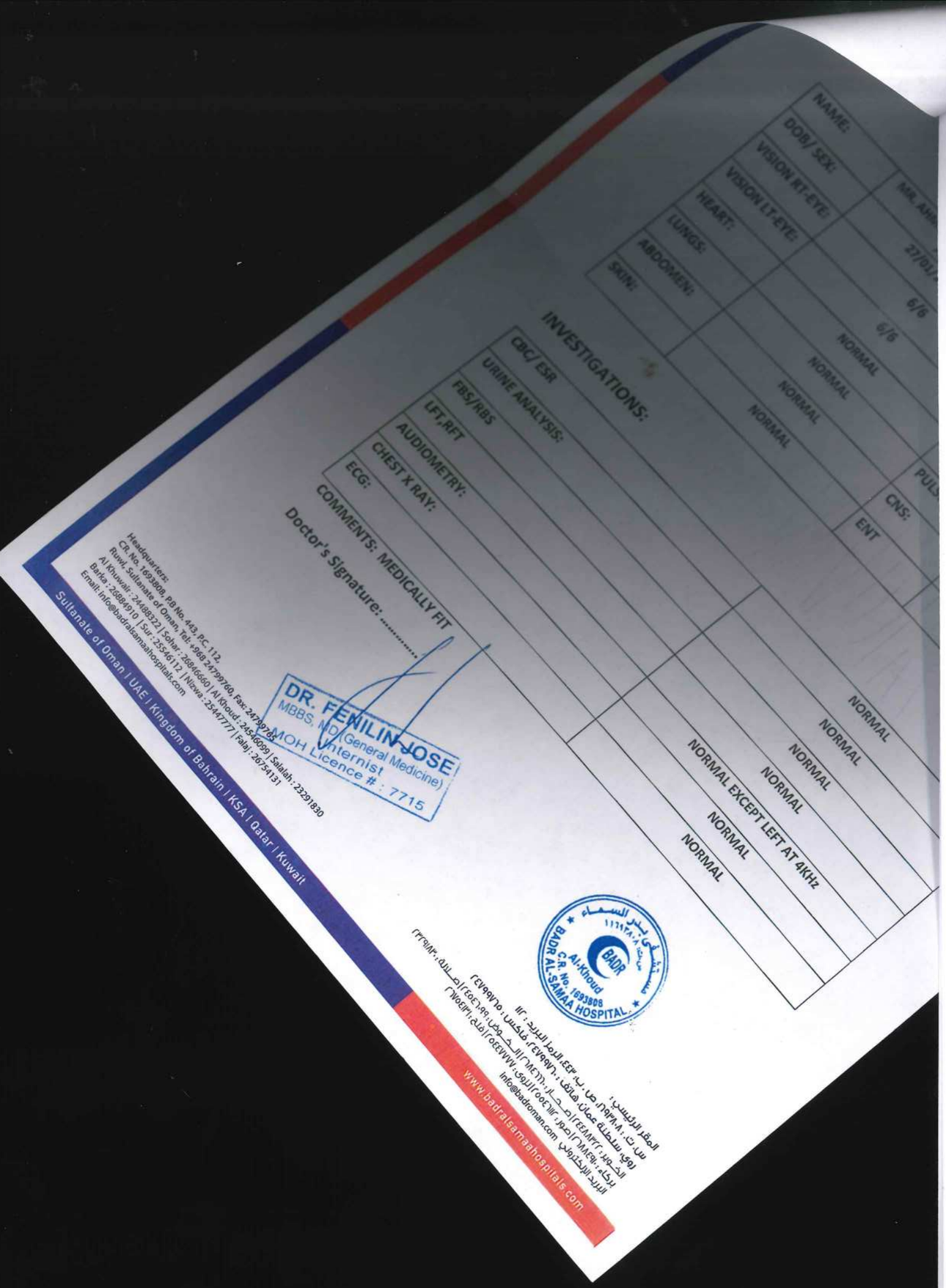
Doctor's Signature: .....

DR. FENILIN JOSE
MBBS, MD (General Medicine)
Internist
MOH Licence # : 7715

BADR Al-Khoud C.R. No. 1693808 BADR AL-SAMAA HOSPITAL

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 :
س.ت. : ١٦٩٣٨٠٨، ص . ب: ٤٤٣، الرمز البريد : ١١٢
روي، سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦١١٠ | الخوض: ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى: ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٠٤١٣١
البريد الإلكتروني info@badroman.com



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DATE: 13/07/2019

TO WHOM SOEVER IT MAY CONCERN

This is to certify that **MR. AHMED HAMOOD HAMED NAJIM AL HIKMANI, 21** /Male file no. 7821876 had done ECG in our hospital and it shows within normal limits.

DR. FENILINE JOSE
INTERNIST

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روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني info@badroman.com

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	
Forenames	Ahmed Hamood
Address	
Home Telephone Number	

Place of examination: Badr Al Samaa Date:- 10/07/19

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date / /	Nationality	Country of birth	Religion

			Number of Children
[ ] Male [ ] Single [ ] Widow (er)	Relationship to employee		
[ ] Female [ ] Married [ ] Divorced/ Separated	[ ] Wife [ ] Son [ ] Daughter [ ] Fiancee		

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas Area:-

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			
9. Shortness of breath		✓	30. Painful passage of urine		✓	**FOR WOMEN ONLY**		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓	46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological Treatment		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
			38. Serious accident/fracture		✓			
17. Blood in stools (motions)		✓	39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	**HAVE YOU EVER BEEN:-**					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tobacco each day? Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]
Heart disease[ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

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.

Date: 10/07/19 Signature of applicant: ✓

BADR Al-Khoud C.R. No. 1693606 BADR AL-SAMAA HOSPITAL

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

N = Normal	A = Abnormal (please describe)	PHYSICAL EXAMINATION
N	A	
		1. Eyes & Pupils
		2. E.N.T. — Rt:- Normal hrg, Lt:- Normal hrg except at 4KHz.
		3. Teeth & Mouth
		4. Lungs & Chest
		5. Cardiovascular System
		6. Abdo. Viscera
		7. Hernial Orifices
		8. Anus & Rectum
		9. Genito-urinary
		10. Extremities
		11. Musculo-skeletal
		12. Skin & Varicose Vns
		13. C.N.S.
		14. Breasts

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
166	90	120/70	72	L 16.6dBHL R 15dBHL	Uncorrected Corrected	6	6	6	6	present	—

N	A	LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	✓		6. Audiogram
✓		2. Hb Blood count ESR	✓		7. Lung Function
✓		3. Serum Profile	✓		8. Chest X-Ray
		4. Stool — Not done			9. Drug Screen — Urine
✓		5. E.C.G.			10. CR Screen = Country Request (e.g. H.I.V.)

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

ASSESSMENT

- [✓] FIT ALL AREAS
- [ ] FIT HOME SERVICE ONLY
- [ ] UNFIT/UNSUITABLE
- [ ] MAY BE REASSESSED

Date | Signature | Name (Block Capitals) | Doctor/Sister

REVIEW/CONSULTATION

Date | Signature | Name (Block Capitals) | Doctor/Sister

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