Fitness to Work Certificate for drivers

Employee Data		Date 03/08/2021
Name JASWINDER SINGH SEKHON		Department/Company TRUCKOMSON
I.D No. 11069788	Age 32 YRS	Occupation HV DRIVER

Type of Medical Evaluation		Mark those applying √	
A5- HVD- Crane or forklift driving & all heavy vehicles	✓	A7- Professional driving-light vehicles	

Health Advisor 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 with no restrictions			✓
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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Dr Imm C
Name of health advisor

Signature

3/8/21.
Date

DR. MAGNUS CHIBUZO NWU
MEDICAL OFFICER
RUSAIL HEALTH CENTRE
MOH LIC NO. 17379

HEALTH CENTRE

ID: 110697988

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 08571

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: JASWINDER SINGH SEKHON	
Nationality: INDIAN	
Mobile No. 79025776	Home/Leave Address:
Company Number: 6784	Reference Indicator:
Personal Details	DOB: 07/04/1989 (32 YRS)
A ☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter — No of Children: —
Reason for Examination (tick as appropriate)	
Periodic Medical Examination ☑	Final / Retirement ☐ Other Reason: ☐
Employee only	
B Present Job and Location: HV DRIVER / MAINTENANCE;	Next Job and Location: TRUCK DRIVER
Are you a registered person with special needs? ☐	Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		✓		
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease	✓		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	**Have you had any serious allergies**	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
Do you take any regular medicines, or have your taken in the past?		✓		
Do you smoke? If yes, what and how much each day?		✓		
Do you drink alcohol? If yes, what is your average weekly intake?		✓		
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?		✓		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission)) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review .

Date: 03/08/2021 Signature of Applicant: [signature]

ID: 110697988

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

No. B 08571

JASWINDER SINGH; 32YRS

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

Nil known Medical & Mortality

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		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.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION			
						DISTANT		NEAR	
						R	L	R	L
169	53.8	18.8 kg/m²	120/70 mmHg	84 /mins.	L ✓ R ✓	Uncorrected	6/6	6/5	N
						Corrected			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, FBS				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.)

Normal weight

Others – Normal

ASSESSMENT AND RECOMMENDATIONS:

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

Advised to continue on healthy lifestyle measures including regular exercise

Date: 3/8/24 Name (Block Capitals): Dr. ~~Nurse~~ IWU MAGNUS C Signature:

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

REVIEW/CONSULTATION

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

مركز الرسيل الصحي
C.R. No.: 1025555
P.O. Box: 16
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Rusayl Industrial Estate
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel.: 24446151 / 54
Fax : 24446833

Timing : O.P.D. 7 a.m. to 5. p.m.

مركز الرسيل الصحي
RHC Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Date : 03/08/2024

LABORATORY INVESTIGATION

Name : JAIWINDER SINGH SEKHON Sex : M Age : 32

Dr.: Company :

HAEMATOLOGY

Total WBC	5,600	(4000-11000cu/mm)
DC - NEUTROPHIL	60.4	(40-75%)
LYMPHOCYTE	34.5	(20-45%)
EOSINOPHIL	3	(1-6%)
MONOCYTE	2	(2-10%)
BASOPHIL	0.1	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	15.3	(14gm/dl---16gm/dl)
RBC COUNT	5.36	(4.5-6.6Million/cumm)
Platelet count	184,000	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	41.8	(40-45%)
MCV	77.2	(78--92fl)
MCH	31.6	(27--32pg)
Sickle cell	Nil Seen	
MCHC	37.8	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	98	(70mg/dl-110mg/dl)(3.8mmol/l---6.1mmol/l)
PPBS		(80mg/dl-130mg/dl)(4.50-7.3mmol/l)
RBS		(64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)
HBA1C		(4--6.5%)

Lipid profile

Triglycerides	120	(upto 200mg/dl)
Total Cholesterol	164.5	(<200mg/dl)
HDL	45.1	(>40mg/dl)
LDL	94.5	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.46	(upto 1.0mg/dl)
SGOT	11.6	(Up to 40IU/L)
SGPT	18.5	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.93	(0.7-1.4mg/dl)
Urea	24.6	(10-45mg/dl)
Uric acid	4.5	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	Pale yellow
Sp gravity	1.015
pH	5
Albumin	
Sugar	
Acetone	
Bile Salts	
Urobilinogen	
Blood	
Nitrate	NORMAL
Leukocyte Esterase	

Microscope:

Pus cells	/HPF
RBC	/HPF
Epithelial cells	/HPF
Casts	/HPF
Crystals	
Bacteria	
Mucus-Thread	

Pregnancy Test

STOOL EXAMINATION

Colour	
Consistency	
Reaction	
Occult Blood	
Microscopic ova	
Cyst	
Entamoeba	
Flagellates	
Pus Cells	
R.B. Cs	
Epith: cells	
Other	

SEMEN ANALYSIS

Quantity: Reaction

Total Sperm Count million/ml

(Normal 60-150 million/ml)

Microscopic: Active motile	%
Sluggish motile	%
Dead Sperms	%
Pus Cells	R.B. Cs
Epith: Cells	
Morphology Normal	%
Abnormal	%

V.D.R.L./Syphilis	
R.F.	
HBsAg.	
HCV.	
HIV	

C.R. No. 1203556
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P.C. 124 Rusayl
Sultanate of Oman

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

Medical Officer

Lab. Technician

11.20 Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 3/8/2021
Name: Taswinder Singh		Department/Company: Truck Oman
I.D No. 1106979 88	Tel # 79025796	Occupation: H.V 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

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

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, Taswinder Singh *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Taswinder **Date:** 3/8/2021

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
M@H LIC NO. 17579

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Fax : 2444 6833

RHC

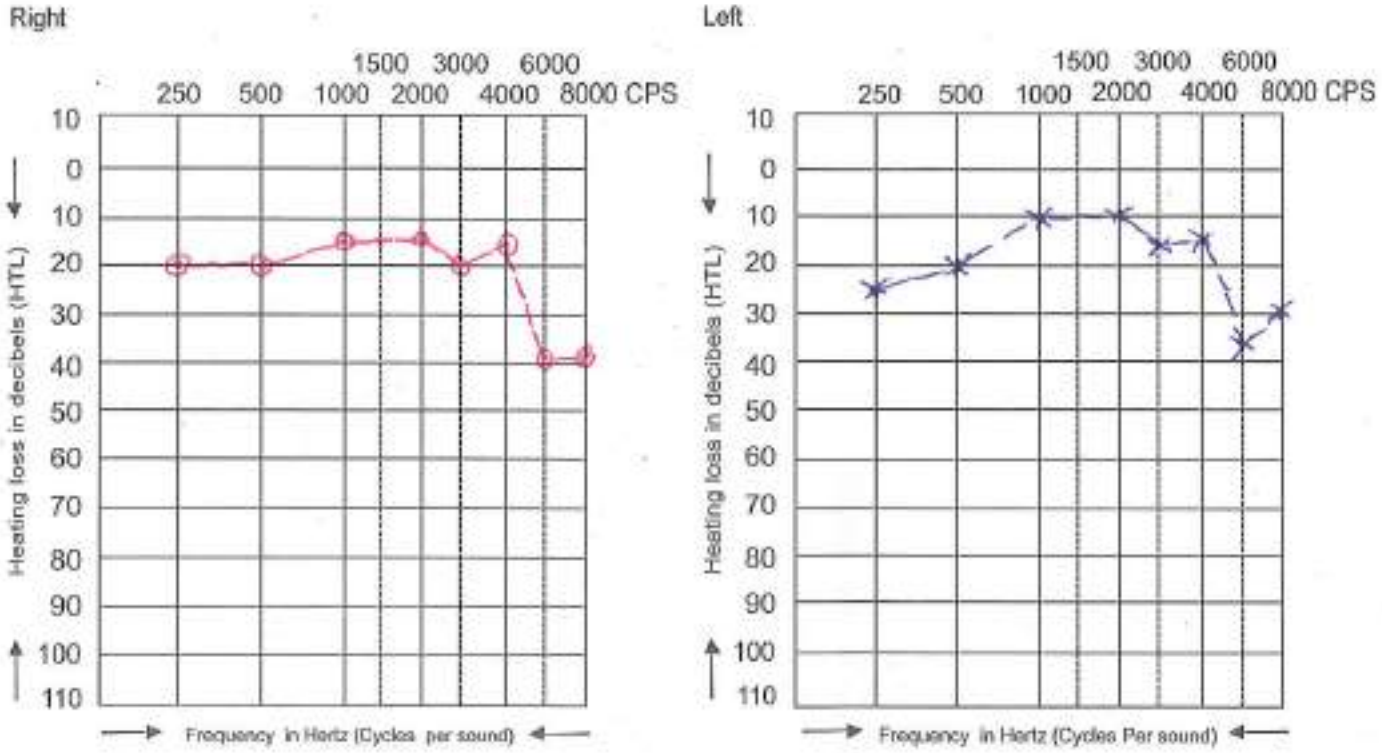
مركز الرسيل الصحـــي
منطقـــة الرسيـــل الصنـــاعيـــة
ص ب : ١٨ الرسيل الرمز البريدي :١٢٤
سلطنـــة عمـان
تليفون: ٢٤٤٤٦١٥١/٥٤
فاكس: ٢٤٤٤٦٨٣٣

Name of Patient JASWINDER SINGH اسم المريض

Age 32 YRS السن Sex M الجنس Date 31/8/21 التاريخ

Name of Company TRUCKOMAN اسم الشركة

AUDIOGRAM



Impression : Sensitivities in both ears fall within the normal and mild hearing loss limits.

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

C.R. No.: 1025995/4
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Sultanate of Oman
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Name of Dr. & Signature