



# Al Nile Hospital

## مستشفى النيل



2028873

J-ID: ALNILE-4845  
 Name: Mr Nafees Javeed Nasir  
 Age/Gen: 32 Y,2 M,3 D/Male  
 Collected DateTime: 10-01-2026 08:30 AM

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname/Forenames	NASIR /NAFEES JAVEED	
		Nationality	PAKISTAN	
Mobile No.	91489890	Home/Leave Address:	Company Number:	Reference Indicator:
<b>Personal Details</b>				
A	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced / Widow(er)		
Home/Leave Address:		Relationship to employee	No. of children: —	
		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		
Reason for Examination (tick as appropriate)				
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>	Other Reason <input type="checkbox"/>	
<b>Employee only</b>				
B Present Job and Location:		Next Job and Location:		
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>		
<b>Previous Medical History:</b> 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 you taken in the past?		✓		
Do you smoke? If yes, what and how much each day?		✓	7/day	
Do you drink alcohol? If yes, what is your average weekly intake?		✓		
Have you ever taken illicit/recreational drugs?		✓		
Are you doing regular sports or physical activities?		✓		
<b>STATEMENT:</b> 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 the concerned medical institute and may be copied (by paper or secure electronic transmission) to PDO the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.				
Date:	10/01/2026	Signature of Applicant:		





FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	1. Eyes & Pupils	
N	2. E.N.T	
N	3. Teeth & Mouth	
N	4. Lungs & Chest	
N	5. Cardiovascular System	
N	6. Abdo. Viscera	
N	7. Hemal Orifices	
N	8. Anus & Rectum	
N	9. Gento-urinary	
N	10. Extremities	
N	11. Musculo-skeletal	
N	12. Skin & Varicose Vns.	
N	13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L N R N	VISION DISTANT NEAR Uncorrected Corrected
186	85	24.5	100 80	64/min.		R L R L N N N N

N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N A	
N	1. Urinalysis		N	7. Audiogram
N	2. Hb, Blood count, ESR			8. Lung Function
N	3. LFT, RFT, RBS			9. Chest X-Ray
	4. Drug Screen			10. ECG
N	5. Lipids (40 years +)			11. CVS risk for 40 yrs & above
	6. Sickle Cell test			12. HV. Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:  
 FIT ALL AREAS   
 FIT WITH RESTRICTION   
 TEMPORARY UNFIT   
 UNFIT

Date: 10/01/2026 Name (Block Capitals): Dr. Ali Ghassah Signature:

REVIEW/CONSULTATION

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





2026573

UHID: ALNLD-4845  
Name: Mr Nafees Javed Nasir  
Age/Gen: 32 Y.2 M.3 D/Male  
collected Date/Time: 10-01-2026 08:30 AM

Employee Data	DATE 10-01-2026
NAME: NAFEEES JAVED NASIR	Company: TRUCK OMAN
ID No. 1049088 77	Occupation: DRIVER

## The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right-hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	• 0
Watching TV	• 1
Sitting inactive in a public place (e.g., a theater or a meeting)	• 0
As a passenger in a car for an hour without a break	• 1
Lying down to rest in the afternoon when circumstances permit	• 0
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 0
In a car, while stopped for a few minutes in traffic	• 0

Total Score =

2

### Analyze Your Score

#### Interpretation:

- 0-7:** It is unlikely that you are abnormally sleepy.
- 8-9:** You have an average amount of daytime sleepiness.
- 10-15:** You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
- 16-24:** You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale.





**Al Nile Hospital**  
مستشفى النيل



2026573

UHID: ALNILE-4845  
Name: Mr Karbas Javeed Nasir  
Age/Gen: 32 Y,2 M,3 D/Male  
collectedDate/Time: 10-01-2026 08:30 AM

### Fitness to Work Certificate

Employee Data		Date	10/01/2026
Last Name		First Name	NAFEES JAVEED
I.D No.	Age	Occupation	DRIVER
104902877	32		
Type of Medical Evaluation		Mark those applying	
A1 Aircraft refueling		A6 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		A10 Transfers-group B country	

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 their fitness to work status for the above tasks is as follows

Fit with no restrictions	<input checked="" type="checkbox"/>	<b>FIT</b>
Fit with following restrictions	<input type="checkbox"/>	
The employee is fit for above work but should avoid the following tasks		
Work near moving machinery or sharp edges	<input type="checkbox"/>	Operate motor vehicles, forklifts or heavy machinery
Working at height	<input type="checkbox"/>	Use a respirator
Pull push carry weight over Kg	<input type="checkbox"/>	Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs	<input type="checkbox"/>	Flying
Other(Specify)		
These restrictions are permanent		
These restrictions are temporary until		(date)
Temporary Unfit until		(date)
Permanently Unfit		
Date	Signature	Print Name
10/01/2026		







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 collectedDateTime: 10-01-2026 08:30 AM

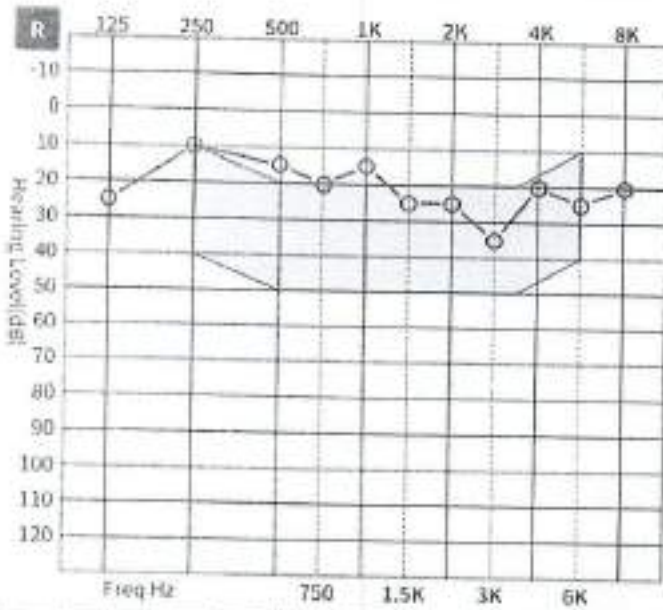
## PTA Test Report

ID:4845

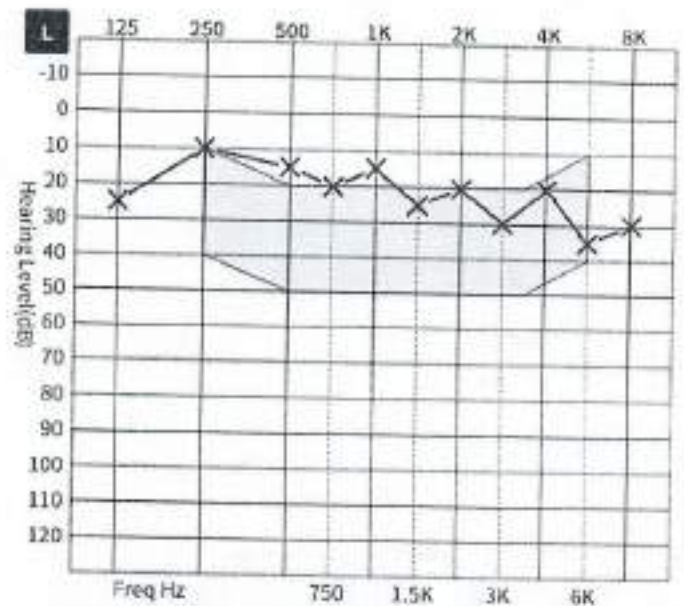
Gender:Male

Name:NAFEES JAVEED NASIR

Age:32Y



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	10	15	20	15	25	25	35	20	25	20
Bone											



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	10	15	20	15	25	20	30	20	35	30
Bone											

Test Result: BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS.



Test Date:2026-01-09 21:31

Printing Date:2026-01-09 21:31

Examiner: \_\_\_\_\_



UHID	ALNILE-4845	Visit Type/No	OP/EPD-1434
Name	Mr Nafees Javeed Nasir	Order No	ODN-3501
Age/Gender	32 Y,2 M,3 D/Male	Order Date/Time	10-01-2026
Mob	91489890	Collection Date/Time	10-01-2026 08:50 AM
Accession Number	2026573	Acknowledge Date/Time	10-01-2026 09:00 AM
Ordering Doctor	Dr Ali Mohammad Ghassah	Report Date/Time	10-01-2026 09:46 AM
Payer Name	TRUCK OMAN	Refer By	
Civil ID	104902877		

### BIOCHEMISTRY

Service Name	Result	Unit	Reference Range
<b>LIVER PROFILE, Blood</b>			
SGOT	22.1	U/L	<40
SGPT	35.5	U/L	<41
TOTAL PROTEIN	6.65	g/dl	6.6-8.7
BILIRUBIN TOTAL	0.446	mg/dL	<1.1
ALKALINE PHOSPHATASE	101	U/L	35-104
ALBUMIN	4.32	g/dL	3.5-5.2
GLOBULIN	2.33	g/L	2.0-3.9
<b>RENAL PROFILE, Blood</b>			
UREA	24.2	mg/dL	15-45
CREATININE	1.04	mg/dL	0.7-1.4
URIC ACID	4.61	mg/dL	3.4-7.0
CALCIUM	-	mg/dL	8.6-10.4
<b>LIPID PANEL, Blood</b>			
LDL CHOLESTEROL	89.2	mg/dL	<150
HDL CHOLESTEROL	31.7 L	mg/dL	40-60
CHOLESTEROL	151	mg/dL	<200
TRIGLYCERIDE	150	mg/dL	40-160
BLOOD SUGAR FASTING, Serum	5.51 H	mmol/L	<5.1

### CLINICAL PATHOLOGY

Service Name	Result	Unit	Reference Range
<b>URINE ANALYSIS, Urine</b>			
<b>Physical</b>			
Colour	PALE YELLOW		
Transparency	CLEAR		
<b>Chemical</b>			
Specific Gravity	1.010		
PH	Alkaline		
Glucose	NIL		
Acetone	NIL		
Bilirubin	NIL		
Blood	NIL		
Urobilinogen	NIL		
Protein	NIL		
Nitrate	NIL		
<b>Microscopic</b>			
Leukocytes	TRACE		
Pus Cells	2-4/hpf		
Erythrocytes	1-3	/ hpf	0-2
Squamous Epithelial Cell	FEW /hpf		
Crystal	NIL		
Cast	NIL		
Bacteria	NIL		
Others	NIL		





UHID	ALNILE-4845	Visit Type/No	OP/EPD-1434
Name	Mr Nafes Javeed Nasir	Order No	ODN-3501
Age/Gender	32 Y,2 M,3 D/Male	Order Date/Time	10-01-2026
Mob	91489890	Collection Date/Time	10-01-2026 08:50 AM
Accession Number	2026573	Acknowledge Date/Time	10-01-2026 09:00 AM
Ordering Doctor	Dr Ali Mohammad Ghassab	Report Date/Time	10-01-2026 09:46 AM
Payer Name	TRUCK OMAN	Refer By	
Civil ID	104902877		

### HAEMATOLOGY

Service Name	Result	Unit	Reference Range
<b>Complete blood count (CBC), EDTA Blood</b>			
Haemoglobin	15.5	gm/dl	13-18
TOTAL LEUCOCYTES COUNT	8000	cell/cumm	4000-11000
<b>DIFFERENTIAL COUNT</b>			
Neutrophil	51.6	%	45-70
Lymphocytes	34.4	%	15-45
Eosinophils	6.9 H	%	1-6
Monocyte	4.9	%	2-8
Basophils	2.0 H	%	0-1
<b>PACKED CELL VOLUME (HCT)</b>	49.2	%	37-54
RBC COUNT	5.8 H	millions/cumm	4.5-5.5
MCV	84.3	fl	82.9-98.0
MCH	26.5 L	Pg	27.0-32.3
MCHC	31.5 L	g/dL	31.8-34.7
PLATELET COUNT	204000	cells/cumm	150000-450000
RDW-CV	13.6	%	11-16
RDW-SD	41.8	fl	35-56
ESR, Blood	1	mm/hr	0-15

Symonette  
Lab Technician  
19814

-----End of the Report-----

