



Al Nile Hospital

مستشفى النيل

Patient Name: JAVED YAQOUB
MUHAMMAD
File No: 25021402
Age: 42y 8m 26d
Gender: Male
Nationality: Pakistan

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname/Forenames: MR. JAVED YAQOUB	
		Nationality: PAKISTANI	
Mobile No: 79149781	Home/Leave Address: PAKISTAN	Company Number:	Reference Indicator:
Personal Details			
A ☒ Male ☐ Female		☒ Married ☐ Single ☐ Separated / Divorced / Widow(er)	
Home/Leave Address:		Relationship to employee ☐ Wife ☐ Son ☐ Daughter	
Reason for Examination (tick as appropriate)		No. of children: 5	
Periodic Medical Examination ☒		Final / Retirement ☐ Other Reason ☐	
Employee only			
B Present Job and Location: MARMUL		Next Job and Location: 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 you taken in the past?	☒		
Do you smoke? If yes, what and how much each day?	☒		2 per week
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?	☒		
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 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: 28/12/25		Signature of Applicant:	





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FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history and recreational activities:

OR Drug allergy.

427- male N/A

N = Normal A = Abnormal (please describe)

PHYSICAL EXAMINATION

N	A	
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. Hernial Orifices
N		8. Anus & Rectum
N		9. Genito-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	VISION
163 cm	56 kg	21	125 84	62/min.	L N R N	DISTANT R L Uncorrected 6/6 6/6 Corrected 6/6 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
N	A	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		N		10. ECG
	A	5. Lipids (40 years +)		N		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.)

Mild DLP - Asymptomatic UTI life style modification

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 28/12/2021 Name (Block Capitals): Dr. Ali Ghassah

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

Signature:



Employee Data	DATE: 28/12/25
NAME: MR. JAVED YAQOOB	Company: PDD
ID No. 102303704	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	0
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	0
Lying down to rest in the afternoon when circumstances permit	2
Sitting and talking to someone	0
Sitting quietly after a lunch without alcohol	2
In a car, while stopped for a few minutes in traffic	0

Total Score =

4

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.



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Fitness to Work Certificate

Employee Data		Date	28/12/25
Last Name YAQOOB MUHAMMAD		First Name	JAVED
I.D No. 102303704	Age 42	Occupation	DRIVER
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

Fit with no restrictions	☒
Fit with following restrictions	
The employee is fit for above work but should avoid the following tasks:	
Work near moving machinery or sharp edges	Operate motor vehicles, forklifts or heavy machinery
Working at height	Use a respirator
Pull push carry weight over Kg	Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs	None
Other(Specify)	
These restrictions are permanent	
These restrictions are temporary until	(date)
Temporary Unfit until	(date)
Permanently Unfit	
Date 28/12/2025	Signature

Signature
Date: 28/12/2025





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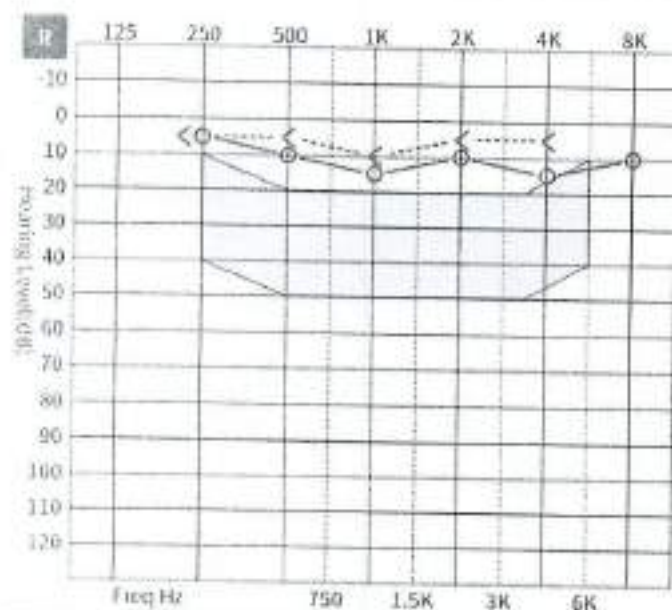
PTA Test Report

ID: 25021402

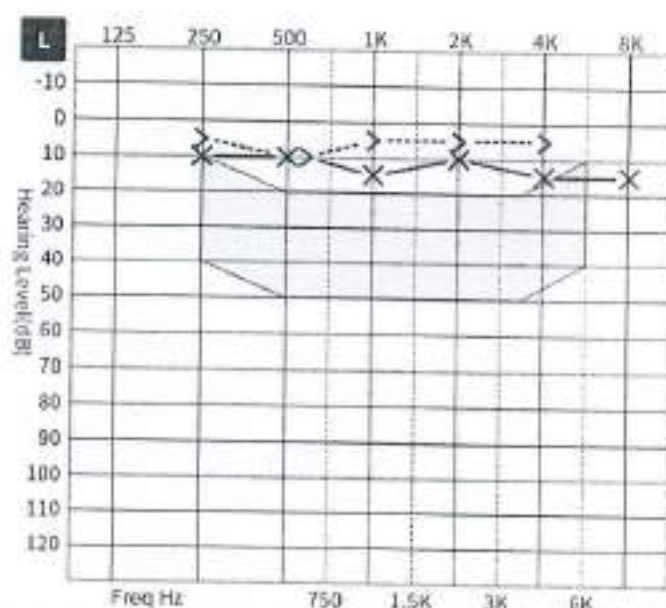
Gender: Male

Name: JAVED YAQOOB MUHAMMED

Age: 42Y



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		5	10		15		10		15		10
Bone		5	5		10		5		5		



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		10	10		15		10		15		15
Bone		5	10		5		5		5		

Test Result: NORMAL HEARING SENSITIVITY WITHIN NORMAL LIMITS IN BOTH EARS.



Test Date: 2025-12-27 21:47

Printing Date: 2025-12-27 21:47

Examiner: _____



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Estimated 10-year Global CVD Risk

13.2%

Risk Category

Moderate Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <130 mg/dL (<3.37 mmol/L)

Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >3.5 mmol/L (>135 mg/dL)

TChol/HDL-C >5 mmol/L (>193 mg/dL)

hsCRP >2 mg/L in men >50 years and
women >60 years

FHx and moderate risk hsCRP

Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 %

decrease in LDL-C

apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)





Al Nile
Medical Complex
مجمع النيل الطبي

P.O.BOX:300, POSTAL CODE - 611 NIZWA, SULTANATE OF OMAN C.R.NO.1128642
PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	JAVED YAQOOB MUHAMMAD	Date:	28/12/2025 09:50:10
File No:	25021402	Age/Gender:	42y 8m 26d / M
Payer Name:		Sid No:	Bill#59580
Insurance Card No:	--	Collection Date & Time:	28/12/2025 09:19:26
Doctor:	Dr. Ali Mohammad Ghassah	Received Date & Time:	28/12/2025 09:50:10
Billing Time:	28/12/2025 09:01:38	Reported Date & Time:	28/12/2025 10:17:15
	Mobile: 79149781	Id Card No.:	102303704

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	4.96 mmol/m	3.3-6.1
SGPT	18.3 U/L	<41.0
SGOT	16.5 U/L	<40.0
BILIRUBIN TOTAL	0.405 mg/dl	<1.1
ALKALINE PHOSPHATASE	74.7 U/L	35.0-104.0
URIC ACID	6.33 mg/dl	3.4-7.0
CREATININE	1.04 mg/dl	0.7-1.4
UREA	31.1 mg/dl	15.0-45.0
TRIGLYCERIDE	168.0 mg/dl	40.0-160.0
CHOLESTEROL	236.0 mg/dl	<200.0
HDL CHOLESTEROL	35.6 mg/dl	40.0-60.0
LDL CHOLESTEROL	166.8 mg/dl	<150.0
ESR(AUTOMATED)	1.0 mm/hr	<15.0

Complete Blood Count

Haemoglobin	16.1 mg/dl	13.0-18.0
Total leucocyte count	6,350.0 Cells / Cumm	3,999.0-11,000.0

Differential count

Neutrophil	56.0 %	40.0-75.0
Lymphocytes	29.3 %	15.0-45.0
Eosinophils	7.1 %	1.0-6.0
Monocyte	6.7 %	2.0-8.0
Basophils	0.9 %	<10.0
Packed cell volum	50.2 %	<54.0
RBC count	5.65 millions/mm	4.5-5.5
MCV	88.8 fl	81.8-95.5
MCH	28.5 pg	27.0-32.3
MCHC	32.1 g/dl	32.4-35.0
Platelet count	192,000.0 Cumm	150,000.0-450,000.0
RDW-CV	12.6 %	11.0-16.0
RDW-SD	40.6 fl	35.0-56.0

URINE ANALYSIS

Color	Yellow
Transparency	Clear





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Test Name	Result	Biological Reference
Specific Gravity	1.01	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	4-7	-
Erythrocytes	2-4	-
Squamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-12-28 10:30:33

****End of Report****

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245

Hajar



AL NILE HOSPITAL

2025-12-28 09:43:15

Name : JAVED YAQOUB MUHAMMAD

Sex : Male Age : 42

Section: DR. ALI

RoomID: _____

BedID: _____

ID: _____

Operator: DAINY

Data for reference only:

HR : 60
PR Interval : 175
P Duration : 119
QRS Duration : 79
T Duration : 197
QT/QTc : 367/367
P/QRS/T Axis deg : 53.2/103.2/31.6
R(V5)/S(V1) : 1.05/0.00
R(V5)+S(V1) : 1.05

<< Conclusions >>

Normal Sinus Rhythm.
Longitudinal Right axis deviation.

Report need physician confirm



Physician's Office

10mm/mV

AUTO 10mm/mV

