Alnile Hospital
مستشفى النيل

2026160
UHID: ALNILE-3989
Name:
Mr Matar Sulaiman Saleh Al Azwani
Age/Gen: 55 Y,3 O,Male

Surname/ Forenames	Matar Sulaiman Saleh AL-Azwani
Nationality	OMANI

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No.	Home/Leave Address:	Company Number:	Reference Indicator:

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated / Divorced / Widow(er)

Home/Leave Address: **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter No. of children: 6

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: Next Job and Location:

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?			✓	for cholesterol
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 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: 04/01/26 Signature of Applicant:

AL NILE HOSPITAL

Alnile Hospital
مستشفى النيل

2026160
UHID: ALNILE-3959
Name:
Mr Mater Sulaiman Salah Al Alawi
Age/Gen: 65 Y,0 D/Male

FOR COMPLETION BY EXAMINING DOCTOR

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.
✓		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 R	DISTANT L	NEAR R	NEAR L
169	81	28	132/74	70/mins	L N R N	Uncorrected	N'	N	N	N
						Corrected	N	N	N	N

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			✓	7. Audiogram
✓		2. Hb, Blood count, ESR				8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen	mild + on treatment		✓	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.)

K/C dyslipidemia on treatment - continue same Rx - change life style

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 4/1/26 Name (Block Capitals): Dr. ISLAM SAKR Signature: Islam Sakr

REVIEW/CONSULTATION

Date: 4/1/26 Name (Block Capitals): Dr Signature:

AL NILE HOSPITAL
Sultanate Of Oman

Alnile Hospital
مستشفى النيل

2026160
UHID: ALNILE-3989
Name:
Mr Matar Sulaiman Saleh Al Alzawi
Age/Gen: 55 Y,3 D/Male

Employee Data	DATE 4/01/26
NAME: Matar Sulaiman Saleh Al Alzawi	Company:
ID No. 151235	Occupation:

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	• 0
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 = 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.

Islam Sahr.

P.O.Box: 300
Nizwa, P.C. 611
Sultanate of Oman

ص.ب: ٣٠٠
الرمز البريدي: ٦١١ نزوى
سلطنة عمان

2026180
UHID: ALNL0-3999
Name:
Mr Matar Sulaiman Saleh Al Azwani
Age/Gen: 55 Y,3 D/Male

Alnile Hospital
مستشفى النيل

Fitness to Work Certificate

Employee Data		Date 04/1/26	
Last Name Saleh Al Azwani		First Name Matar Sulaiman	
I.D No. 15/4235	Age 55 yrs	Occupation	

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 Guidence 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			
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		Flying	
Other(Specify)			
These restrictions are permanent			
These restrictions are temporary until (date)			
Temporary Unfit until (date)			
Permanently Unfit			

FIT

Date 04/01/2026	Signature Islam Sh	Print Name ISLAM SHAIK

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Alnile Hospital
مستشفى النيل

2026180
UHID: ALNILE-3999
Name:
Mr Mater Sulaiman Salah Al Azwani
Age/Gen: 55 Y,0 D/Male

PTA Test Report

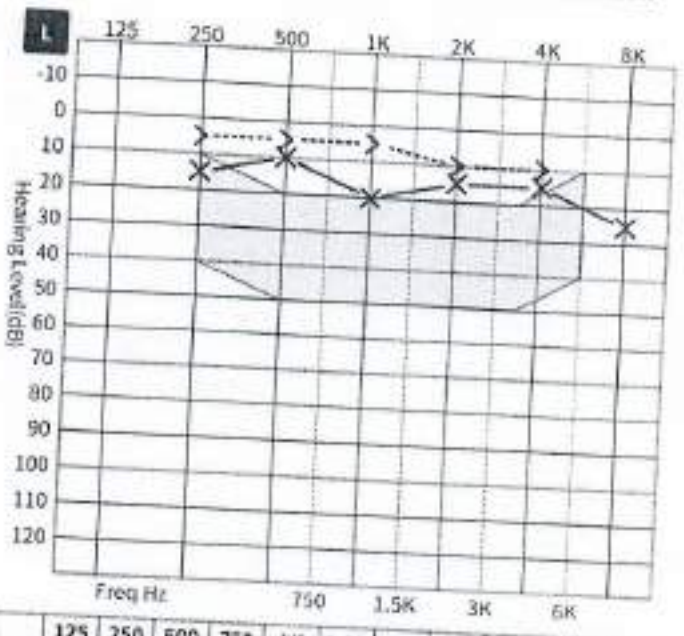
ID:3999

Gender:Male

Name:MATER SULAIMAN SALEH AL AZWANI

Age:55Y

	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		15	15		5		10		20		30
Bone		5	5		5		10		5		



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		15	10		20		15		15		25
Bone		5	5		5		10		10		

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

AL NILE HOSPITAL

Test Date:2026-01-03 20:26

Printing Date:2026-01-03 20:26

Examiner:_____

Welison

Alnile
Medical Complex
مجمع النيل الطبي

2026160
UHID: ALNILS-3999
Name:
Mr Matar Sulaiman Saleh Al Azwani
Age/Gen: 55 Y,0 D/Male

Patient Id : 1514235
Name : MATAR SULAIMAN SALEH
Consultant : DR Islam Sakr

Age/ Gender : 55 Y / M
Report Dat : 04/01/2026

ECG REPORT

- **NO ISCHEMIC CHANGES**
- **NORMAL SINUS RYTHME**

IMPRESSION : - NORMAL ECG

Dr. Islam Sakr

AL NILE HOSPITAL

P.O.Box. 300
Nizwa, P.C. 611
Sultanate of Oman
Al Nile Medical Complex

ص.ب: ٣٠٠
الرمز البريدي: ٦١١ نزوى
سلطنة عمان
مجمع النيل الطبي

AL NILE HOSPITAL 15/4235

2026-01-04 08:16:17

Name :MATAR SULAIMAN SALEH ALAZWANI

Sex :Male Age :55

Section: DR.ISLAM

RoomID:

BedID:

ID:

Operator: shisina

Data for reference only:

HR	bpm	:	59
PR Interval	ms	:	162
P Duration	ms	:	120
QRS Duration	ms	:	96
T Duration	ms	:	209
QT/QTc	ms	:	423/420
P/QRS/T Axis	deg	:	10.4/25.0/20.5
R(V5)/S(V1)	mV	:	1.15/0.56
R(V5)+S(V1)	mV	:	1.72

<< Conclusions >>

Sinus mode Bradycardia;
Longitudinal Left axis deviation;

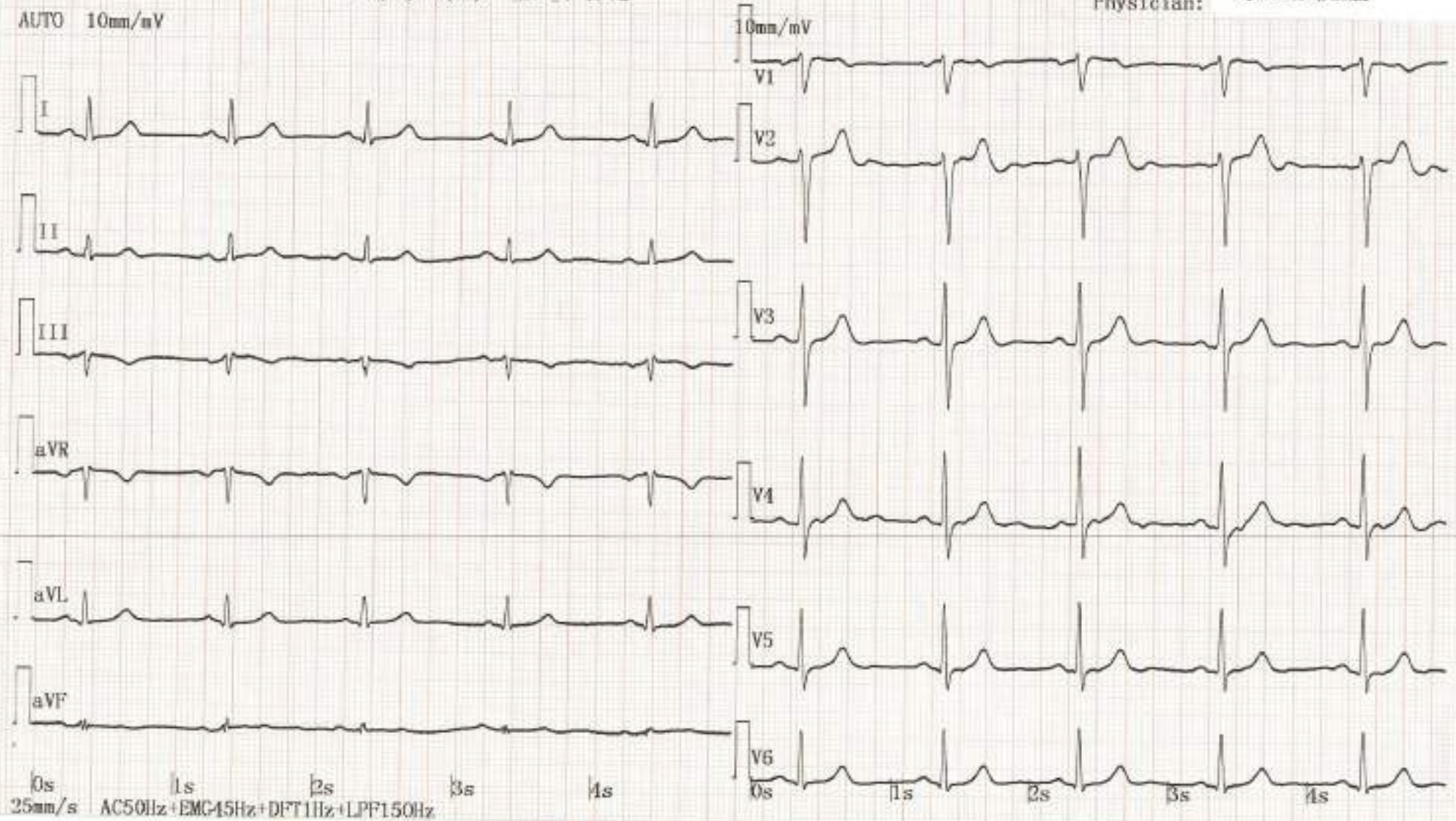
Report need physician confirm

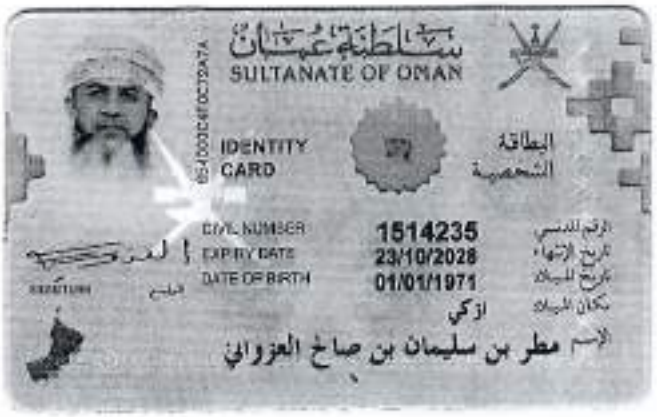
AL NILE HOSPITAL

2026160
UHID: ALNILE-3999
Name:
Mr Matar Sulaiman Saleh Al Azwani
Age/Gen: 55 Y,3 D/Male

Physician:

AUTO 10mm/mV




سلطنة عمان
SULTANATE OF OMAN
IDENTITY CARD
البطاقة الشخصية
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
1514235
23/10/2028
01/01/1971
ذكي
الاسم مطر بن سليمان بن صاخ العزواني

Alnile Hospital
مستشفى النيل

2026160
UrID: ALNILE-3899
Name:
Mr Matar Sulaimen Saleh Al Anwari
Age/Gen: 65 Y,3 D/Male

Results

Copy Results

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 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 HOSPITAL

Alnile Medical Complex
مجمع النيل الطبي

2026160
UHID: ALNILE-3999
Name:
Mr Matar Sulaiman Saleh Al Azwani
Age/Gen: 55 Y,3 D/Male

UHID	ALNILE-3999	Visit Type/No	OP/EPD-399
Name	Mr Matar Sulaiman Saleh Al Azwani	Order No	ODN-1095
Age/Gender	55 Y,3 D/Male	Order Date/Time	04-01-2026
Accession Number	2026173	Collection Date/Time	04-01-2026 11:41 AM
Acknowledge Date/Time	04-01-2026 11:44 AM	Ordering Doctor	
Report Date/Time	04-01-2026 11:51 AM	Payer Name	TRUCK OMAN
Refer By			

BIOCHEMISTRY

Service Name	Result	Unit	Reference Range
LIVER PROFILE, Blood			
SGOT	22.2	U/L	<40
SGPT	24.4	U/L	<41
BILIRUBIN TOTAL	0.539	mg/dL	<1.1
ALKALINE PHOSPHATASE	81.1	U/L	35-104
RENAL PROFILE, Blood			
UREA	31.4	mg/dL	15-45
CREATININE	0.854	mg/dL	0.7-1.4
URIC ACID	5.16	mg/dL	3.4-7.0
SODIUM (NA+)	-	mmol/L	135-145
POTASSIUM (K+)	-	mmol/L	3.7-5.5
CALCIUM	-	mg/dL	8.6-10.4
LIPID PANEL, Blood			
LDL CHOLESTEROL	**158.8 H**	mg/dL	<150
HDL CHOLESTEROL	**63 H**	mg/dL	40-60
CHOLESTEROL	**237 H**	mg/dL	<200
TRIGLYCERIDE	75.8	mg/dL	40-160
BLOOD SUGAR FASTING, **Serum**	**5.71 H**	mmol/L	<5.1

HAEMATOLOGY

Service Name	Result	Unit	Reference Range
Complete blood count (CBC), EDTA Blood			
Haemoglobin	14.7	gm/dl	13-18
TOTAL LEUCOCYTES COUNT	7000	cell/cumm	4000-11000
DIFFERENTIAL COUNT			
Neutrophil	62.0	%	45-70
Lymphocytes	27.8	%	15-45
Eosinophils	2.6	%	1-6
Monocyte	7.2	%	2-8
Basophils	0.3	%	0-1
PACKED CELL VOLUME (HCT)	**47.8 H**	%	37-43
RBC COUNT	**5.9 H**	millions/cumm	4.5-5.5
MCV	**81.1 L**	fl	82.9-98.0
MCH	**24.9 L**	pg	27.0-32.3
MCHC	**30.8 L**	g/dL	31.8-34.7
PLATELET COUNT	327000	cells/cumm	150000-450000
RDW-CV	14.7	%	11-16
RDW-SD	43.5	fl	35-56
ESR, **Blood**	2	mm/hr	0-15

CLINICAL PATHOLOGY

Service Name	Result	Unit	Reference Range
URINE ANALYSIS, Urine			
Physical			
Colour	YELLOW		

Alnile
Medical Complex
مجمع النيل الطبي

UHID	ALNILE-3999	Bill Number	OPBL-688
Patient Name	Mr Matar Sulaiman Saleh Al Azwani	Age / Gender	55 Y,3 D/Male
Payer	TRUCK OMAN	refNo	NA
Treating Doctor	Dr Islam Ateya Mohammed Sakr	Bill Date/Time	04-01-2026 07:23 AM
Contact No.	92631342	Bill Created By	Amira Saif Al-shaqsi
Room			

OP BILL

S.No.	Code	Service Type	Particular	Qty	Amount
1	PACK-0006	OP Package	PDO FITNESS TO WORK(51-60) YRS	1	24

Total Amount : 24.0
Net Amount : 24.0
Authorised Amount : 24.0

Al Nile Medical Complex
Al Nama Al Mutamiza LLC,CR:1128642,P.O.Box 300,Nizwa P.C.611,Sultanate of Oman
+968 21144200, 21144266