



Al Nile Hospital

مستشفى النيل

Patient Name: MAGHAN SINGH
 File No: 25011633
 Age: 52y 1m 9d
 Gender: Male
 Nationality: India

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 95264676 Home/Leave Address: _____ Company Number: _____ Reference Indicator: _____

Personal Details

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

Relationship to employee: Wife Son Daughter No. of children: 3

Home/Leave Address: _____

Reason for Examination (tick as appropriate):
 Periodic Medical Examination Final / Retirement Other Reason

B Present Job and Location: Nirwa Next Job and Location: Adam

Are you a registered person with special needs? Do you belong to any Medical Insurance Schemes?

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?		<input checked="" type="checkbox"/>	
1 Ear, nose, eye or throat problems		<input checked="" type="checkbox"/>	
2 Chest problems like asthma, bronchitis, other bad cough		<input checked="" type="checkbox"/>	
3 Heart abnormality, chest pains		<input checked="" type="checkbox"/>	
4 Abdominal pains, abnormal bowel motions		<input checked="" type="checkbox"/>	
5 Urogenital problems (kidney disease, menstrual disorder)		<input checked="" type="checkbox"/>	
6 Skin trouble or allergies		<input checked="" type="checkbox"/>	
7 Epileptic fits, dizzy spells or migraine		<input checked="" type="checkbox"/>	
8 History of mental illness, depression anxiety		<input checked="" type="checkbox"/>	
9 Diabetes, thyroid disease		<input checked="" type="checkbox"/>	
10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia		<input checked="" type="checkbox"/>	
11 Any history of accidents or fractures		<input checked="" type="checkbox"/>	
12 Have you had any serious allergies		<input checked="" type="checkbox"/>	
13 Do any dependants have a significant ongoing illness?		<input checked="" type="checkbox"/>	
14 Any family history of cancers		<input checked="" type="checkbox"/>	
Do you take any regular medicines, or have your taken in the past?		<input checked="" type="checkbox"/>	<u>ADH hypertensive Medicin (Amlo 5mg) taking</u>
Do you smoke? If yes, what and how much each day?		<input checked="" type="checkbox"/>	
Do you drink alcohol? If yes, what is your average weekly intake?		<input checked="" type="checkbox"/>	
Have you ever taken illicit/recreational drugs?		<input checked="" type="checkbox"/>	
Are you doing regular sports or physical activities?		<input checked="" type="checkbox"/>	<u>daily walking at morning</u>

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: 12/07/2025 Signature of Applicant: [Signature]



FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history and recreational activities:

no PMH or drugs allergy

Previous cholecystectomy
20 years ago

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A	
N		1. Eyes & Pupils
N		2. ENT
N		3. Teeth & Mouth
N		4. Lungs & Chest
N		5. Cardiovascular System
N		6. Abdo. Viscera
N		7. Hemial 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.

right upper quadrant scar

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
172	79	26.7	136/80	90/min	L N R N	DISTANT NEAR R L R L Uncorrected 6/6 6/6 Corrected 8/6 6/6

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
N		4. Drug Screen	N	10. ECG
N		5. Lipids (40 years +)		11. CVS risk for 40 yrs & above
N		6. Sickie Cell test		12. HIV, Hepatitis screening

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

weight reduction -

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 12/7/2023 Name (Block Capitals): Dr. Al: Basha

Signature: 

REVIEW/CONSULTATION

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





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Employee Data	Patient Name: MAKHAN SINGH	DATE: 12/7/2025
NAME:	File No: 25011633	Company: Track omap
ID No.	Age: 52y 1m 9d	Occupation: driver
	Gender: Male	
	Nationality: India	

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	• 2
Lying down to rest in the afternoon when circumstances permit	• 1
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 =

5

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	Patient Name: MAKHAN SINGH File No: 25011633 Age: 52y 1m 9d Gender: Male Nationality: India	Date	12/07/25
Last Name		First Name	MAKHAN
I.D No.		Occupation	Driver

Type of Medical Evaluation	Mark those applying
A1 Aircraft refueling	<input type="checkbox"/>
A2 Breathing apparatus	<input type="checkbox"/>
A3 Business traveler	<input type="checkbox"/>
A4 Catering and food preparation	<input type="checkbox"/>
A5 Crane or forklift driving	<input type="checkbox"/>
A6 Emergency response team work	<input type="checkbox"/>
A7 Professional driving	<input type="checkbox"/>
A8 Remote location work	<input type="checkbox"/>
A9 Transfers- group A country	<input type="checkbox"/>
A10 Transfers-group B country	<input type="checkbox"/>

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 <input checked="" type="checkbox"/>	
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	
Date	Signature
12/07/2025	
	Print Name





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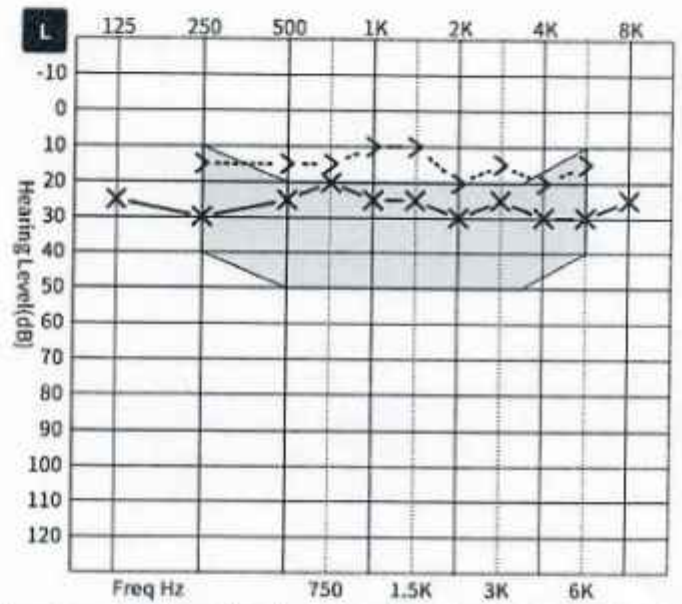
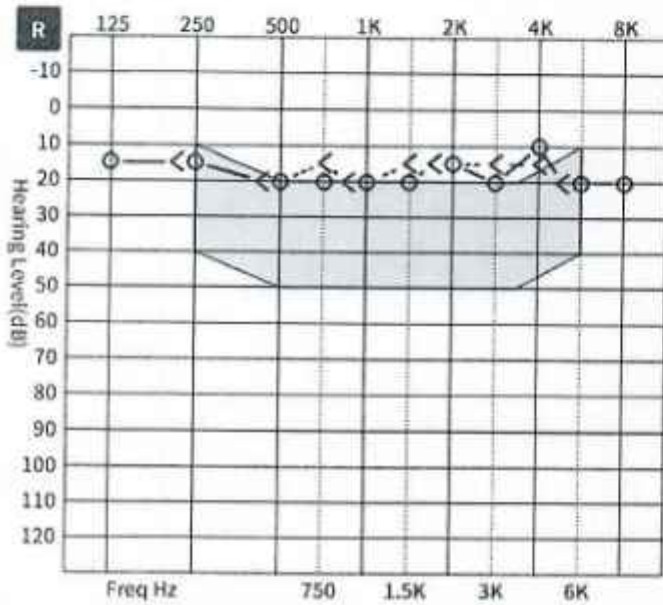
PTA Test Report

ID:25011633

Name: MAKHAN SINGH

Gender:Male

Age:52Y



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

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

Test Result: BILATERAL HEARING SENSITIVITY IS WITHIN THE NORMAL LIMITS.



Test Date:2025-07-12 00:56

Printing Date:2025-07-12 00:59

Examiner: _____

Lab Report

Patient Name:	MAKHAN SINGH	Date:	12/07/2025 10:23:16	
File No:	25011633	Age/Gender: 52y 1m 9d / M	Sid No:	Bill#28160
Payer Name:		Collection Date & Time:	12/07/2025 10:12:05	
Insurance Card No:	--	Received Date & Time:	12/07/2025 10:23:16	
Doctor:	Dr. Ali Mohammad Ghassah	Reported Date & Time:	12/07/2025 10:54:47	
Billing Time:	12/07/2025 09:58:28	Mobile: 95264676	Id Card No:	03061973

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	5.94 mmol/m	3.3 - 6.1
CHOLESTEROL	141.3 mg/dl	< 200.0
HDL CHOLESTEROL	33.91 mg/dl	40.0 - 60.0
LDL CHOLESTEROL	77.0 mg/dl	< 150.0
TRIGLYCERIDE	152.1 mg/dl	40.0 - 160.0
UREA	16.3 mg/dl	15.0 - 45.0
CREATININE	1.24 mg/dl	0.7 - 1.4
URIC ACID	2.2 mg/dl	3.4 - 7.0
TOTAL PROTEIN	7.88 g/dl	6.6 - 8.7
ALBUMIN	4.42 g/dl	3.5 - 5.2
BILIRUBIN TOTAL	1.048 mg/dl	< 1.1
ALKALINE PHOSPHATASE	65.0 U/L	35.0 - 104.0
SGPT	25.1 U/L	< 41.0
SGOT	16.9 U/L	< 40.0
Complete Blood Count		
Haemoglobin	16.6 mg/dl	13.0 - 18.0
Total leucocyte count	5,450.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	51.5 %	40.0 - 75.0
Lymphocytes	36.6 %	15.0 - 45.0
Eosinophils	2.7 %	1.0 - 6.0
Monocyte	8.4 %	2.0 - 8.0
Basophils	0.7 %	< 10.0
Packed cell volum	51.8 %	< 54.0
RBC count	6.38 millions/mm	4.5 - 5.5
MCV	81.2 fl	81.8 - 95.5
MCH	26.0 pg	27.0 - 32.3
MCHC	32.0 g/dl	32.4 - 35.0
Platelet count	211,000.0 Cu.mm	150,000.0 - 400,000.0
RDW-CV	13.0 %	11.0 - 16.0
RDW-SD	38.4 fl	35.0 - 56.0
ESR(AUTOMATED)	1.0 mm/hr	< 15.0
URINE ANALYSIS		



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

Test Name	Result	Biological Reference
Color	Pale Yellow	-
Transparency	Clear	-
Specific Gravity	1.01	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-3	-
Erythrocytes	1-2	-
Squamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-07-12 10:57:45

End of Report

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245





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MAKHAN SINGH

Estimated 10-year Global CVD Risk: 15.6%

Risk Category: Moderate Risk

Estimated Vascular Age: 64 Years

Answers calculated to formulate result:

1. Gender? — Male
2. Age? — 50-54
3. Total Cholesterol? — <4.14 mmol/L
4. HDL? — <0.9 mmol/L
5. Systolic Blood Pressure? — 130-139 mmHg
6. On Medication for Hypertension? — Yes
7. Smoker? — No
8. Diabetic? — No
9. Known Vascular Disease (CAD, PVD, Stroke)? — No



2025 07-12 11:36:24

Name : MAKIAN SINGH

Sex : Male Age : 52

Section : DR. A.I

RoomID:

BedID:

ID:

Operator: subitha

cbx:

Normal Sinus Rhythm,
Middling Left axis deviation;

****Report need physician confirm****

Physician:



Patient Name: MAKIAN SINGH
File No: 25011633
Age: 52y 1m 9d
Gender: Male
Nationality: India

AUTO 10mm/mV

10mm/mV

