



مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare... Humane Care

1859



MEDICAL FITNESS CERTIFICATE FOR P.D.O

NAME

MUHAMMAD AMIN IRSHAD AHMAD

AGE/D.O.B

36 Y,20.11.1984

DATE

12.08.2021

PASS/ID NO:

74477117

GENDER

MALE

VISION-RT-EYE

6/6 WITHOUT GLASSES

HEIGHT

168 CM

LT-EYE

6/6 WITHOUT GLASSES

WEIGHT

84 KG

HEART

NORMAL

BP

120/70 mmHg

LUNGS

NORMAL

PULSE

72/Min

ABDOMEN

NORMAL

CNS

NORMAL

SKIN

NORMAL

ENT

NORMAL

INVESTIGATIONS

FBS

NORMAL

BLOOD GROUP

B NEGATIVE

HAEMOGRAM

NORMAL

LIPIDPROFILE

Slightly elevated triglycerides

RFT

NORMAL

LFT

NASH

SICKLING TEST

NEGATIVE

URE

NORMAL

AUDIOGRAM

NORMAL AUDIOMETRIC THRESHOLD

COMMENTS

*

Slightly elevated triglycerides-Advised lifestyle modification

*

NASH- Advised treatment

CONCLUSION

Signature

Dr. AMMAR YASER M.S
INTERNIST & GASTROENTEROLOGY
SPECIALIST
MOH LIC NO # 11613
BADR AL SAMAA HOSPITAL, NIZWA

FTT



Headquarters:

CR. No. 1693808, P.B No. 443, P.C. 112,

Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 | Salalah : 23291830

Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131

Email: info@badroman.com

المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨، ص. ب. : ٤٤٣، الرمز البريدي : ١١٢

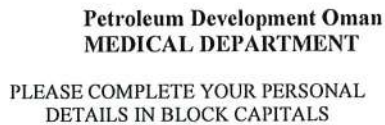
روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخبير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١

البريد الإلكتروني : info@badroman.com

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



This medical examination in general terms
 necessary by the examining medical
 withheld important medical

BADR
 NIZWA
 116938018, CULANATE OF OMAN
 AL SARAA HOSPITAL L.L.C.

Muhammed											
N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A										
<input checked="" type="checkbox"/>		1. Eyes & Pupils		Normal							
<input checked="" type="checkbox"/>		2. E.N.T.		Normal							
<input checked="" type="checkbox"/>		3. Teeth & Mouth		Normal							
<input checked="" type="checkbox"/>		4. Lungs & Chest		Normal							
<input checked="" type="checkbox"/>		5. Cardiovascular System		Normal							
<input checked="" type="checkbox"/>		6. Abdo. Viscera		Normal							
<input checked="" type="checkbox"/>		7. Hernial Orifices		Normal							
<input checked="" type="checkbox"/>		8. Anus & Rectum		Normal							
<input checked="" type="checkbox"/>		9. Genito-urinary		Normal							
<input checked="" type="checkbox"/>		10. Extremities		Normal							
<input checked="" type="checkbox"/>		11. Musculo-skeletal		Normal							
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.		Normal							
<input checked="" type="checkbox"/>		13. C.N.S.		Normal							
HEIGHT cm		WEIGHT kg		BMI	B.P.	PULSE /mins.	HEARING L R		VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
168		84		29.8	120 70	72			<div style="display: flex; justify-content: space-around;"> <div>R L</div> <div>R L</div> </div> <div style="display: flex; justify-content: space-around;"> <div>4/6 6/6</div> <div>4/6 6/6</div> </div>	N	B-
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A		
<input checked="" type="checkbox"/>		1. Urinalysis								7. Audiogram	
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR								8. Lung Function	
	<input checked="" type="checkbox"/>	3. LFT, RFT, RBS								9. Chest X-Ray	
		4. Drug Screen								10. ECG	
	<input checked="" type="checkbox"/>	5. Lipids (40 years +)								11. CVS risk for 40 yrs. & above	
<input checked="" type="checkbox"/>		6. Sick Cell test								12. HIV, Hepatitis screening	
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) <p style="margin-left: 40px;">NASH - Advised treatment</p> <p style="margin-left: 40px;">Slightly elevated triglycerides - Advised a lifestyle modification</p>											
ASSESSMENT: <div style="display: flex; align-items: center;"> FIT ALL AREAS <input checked="" type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT <input type="checkbox"/> </div>											
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____											
REVIEW/CONSULTATION											
Date: _____ Name (Block Capitals): Dr. / Nurse _____ Signature: _____											

Dr. AMMAR AL-SAMAA
 INTERNIST & GASTROENTEROLOGY
 SPECIALIST
 MOH LIC NO # 11613
 BADR AL SAMAA HOSPITAL, NIZWA

