Alnile Hospital
مستشفى النيل

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	**Surname/ Forenames** MR. MUHAMMAD ANDLEEB ABID HUSSAIN
	Nationality PAKISTANI
Mobile No. 94026676 **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: 3

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☐ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: DRIVER ADAM 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?		✓		
Do you smoke? If yes, what and how much each day?			✓	1B 1B Pack/year
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: 16/5/25 **Signature of Applicant:** M. Andleeb

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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	
A	4. Lungs & Chest	harsh sounds
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
180	103	31	130/84	72/mins.	L Normal R abnormal	DISTANT R N L N; NEAR R N L N Uncorrected Corrected R N L N; R N L N with glasses

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
N		1. Urinalysis		A	7. Audiogram
N		2. Hb, Blood count, ESR			8. Lung Function
N		3. LFT, RFT, RBS	N		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.)
right ear audiometry abnormal. Mild Dyslipidemia. harsh sounds need CXR. Ent consultation. lifestyle modification weight reduction Smoke cessation

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

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

REVIEW/CONSULTATION

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

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Employee Data	DATE 18/05/25
NAME: Mubaarak Dadleeb Arif.	Company: Truck Road
ID No.	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 18/5/25	
Last Name ARIF HUSSAIN		First Name MR. MUHAMMAD ANWER	
I.D No.	Age 41 yrs	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 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			
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 18/5/25	Signature	Print Name

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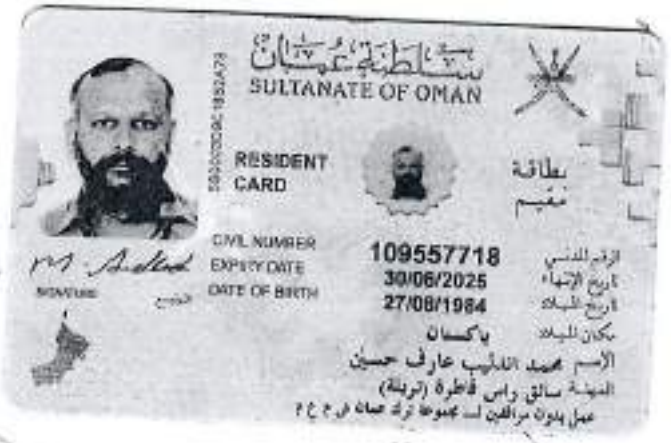
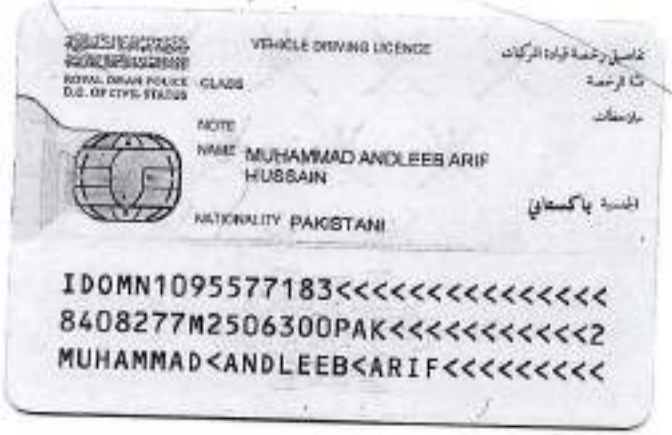

سلطنة عمان
SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
109557718
30/06/2025
27/08/1984
باكستان
الاسم محمد انديب عارف حسين
المهنة سائق راس قاطرة (تربلة)
عمل بدون مرافقين لـ مجموعة تراك عمان ش م م


VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE
CLASS
NOTE
NAME MUHAMMAD ANDLEEB ARIF HUSSAIN
NATIONALITY PAKISTANI
IDOMN1095577183<<<<<<<<<<<<<<<
8408277M2506300PAK<<<<<<<<<<<2
MUHAMMAD<ANDLEEB<ARIF<<<<<<<<<

Alnile
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:	MUHAMMAD ANDLEEB ARIF HUSSAIN		**Date:**	18/05/2025 08:47:08
File No:	25008447	**Age/Gender:** 4Dy 8m 21d / M	**Sid No:**	Bill#19184
Payer Name:			**Collection Date & Time:**	18/05/2025 08:23:16
Insurance Card No:	--		**Received Date & Time:**	18/05/2025 08:47:08
Doctor:	Dr. Ali Mohammad Ghassah		**Reported Date & Time:**	18/05/2025 09:05:58
Billing Time:	18/05/2025 08:02:25	**Mobile:** 94026676	**Id Card No.:**	109557718

Test Name	Result	Biological Reference
Complete Blood Count		
Haemoglobin	13.5 mg/dl	13.0 - 18.0
Total leucocyte count	7,110.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	58.0 %	40.0 - 75.0
Lymphocytes	33.4 %	15.0 - 45.0
Eosinophils	1.8 %	1.0 - 6.0
Monocyte	6.4 %	2.0 - 8.0
Basophils	0.2 %	< 10.0
Packed cell volum	44.0 %	< 54.0
RBC count	5.05 millions/mm	4.5 - 5.5
MCV	87.2 fl	81.8 - 95.5
MCH	**26.8 pg**	27.0 - 32.3
MCHC	**30.7 g/dl**	32.4 - 35.0
Platelet count	316,000.0 Cu.mm	150,000.0 - 400,000.0
RDW-CV	13.7 %	11.0 - 16.0
RDW-SD	43.5 fl	35.0 - 56.0
ESR(AUTOMATED)	17.0 mm/hr	< 15.0
URINE ANALYSIS		
Color	Yellow	-
Transparancy	Clear	-
Specific Gravity	1.02	-
PH	Acidic	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-2	-
Erythrocytes	1-2	-

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MUHAMMAD ANDLEEB ARIF HUSSAIN

Estimated 10-year Global CVD Risk: 13.2%

Risk Category: Moderate Risk

Estimated Vascular Age: 60 Years

Answers calculated to formulate result:

1. Gender? — Male
2. Age? — 40-44
3. Total Cholesterol? — 5.16-6.19 mmol/L
4. HDL? — 1.17-1.29 mmol/L
5. Systolic Blood Pressure? — 130-139 mmHg
6. On Medication for Hypertension? — No
7. Smoker? — Yes
8. Diabetic? — No
9. Known Vascular Disease (CAD, PVD, Stroke)? — No

AL NILE MEDICAL CENTER

2025-05-18 09:38:59
Name :MUHAMMAD ANDLEEB
Sex :Male Age :40
Section: Dr ALI
RoomID: _____
BedID: _____
ID: _____
Operator: ANu M

<< Conclusions >>

Normal Sinus Rhythm;
Longitudinal Left axis deviation;

Report need physician confirm

Test: PDO FITNESS TO WORK (upt	
Name: MUHAMMAD ANDLEEB ARIF	
File No: 25008447	Age/Sex: 40 (Y) / M
Date: 2025-05-18	Specimen ID: 19184

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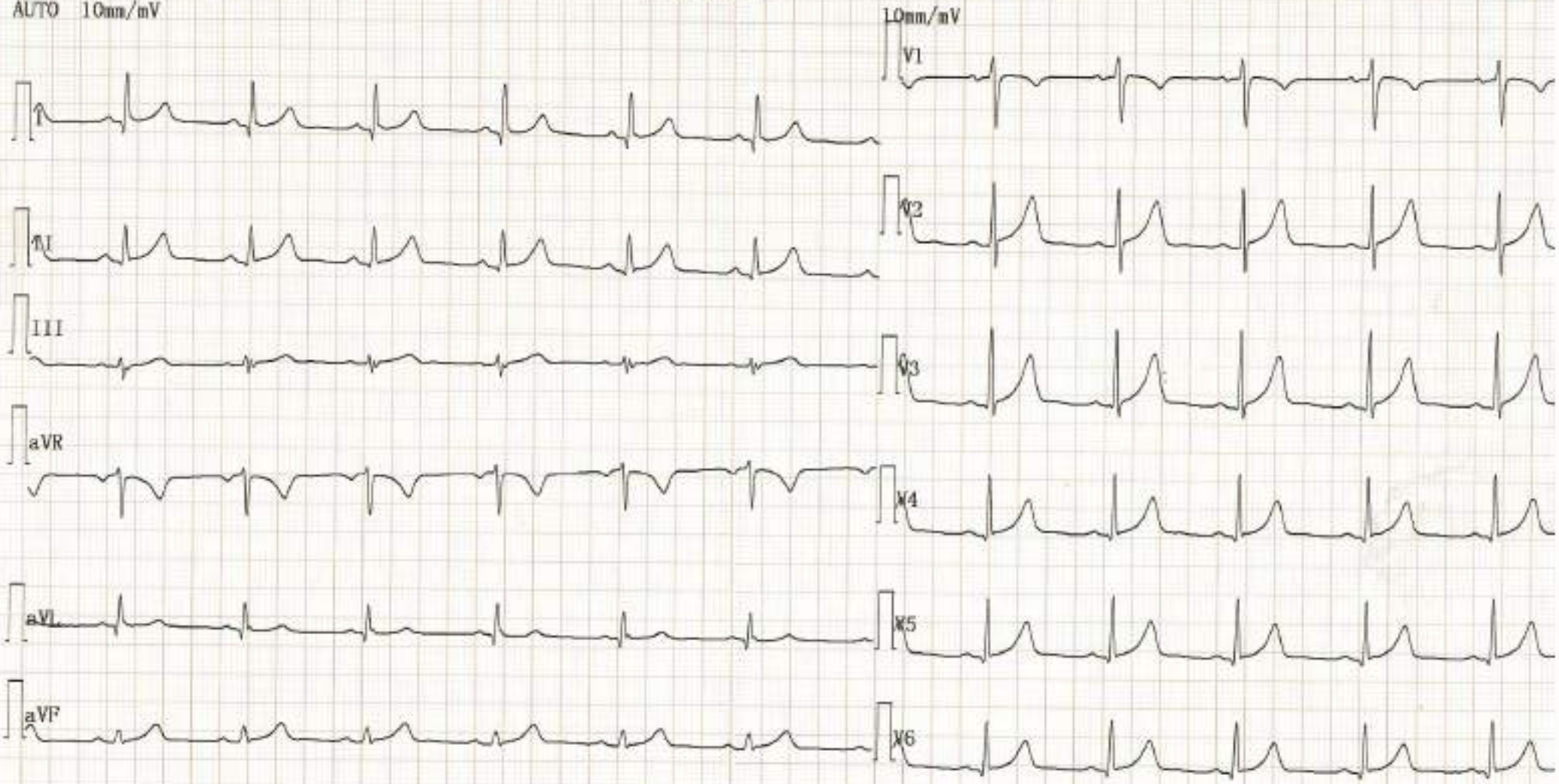
Physician: _____



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Patient Name: MUHAMMAD ANDLEEB ARIF HUSSAIN
Prof. Dr. Dear Colleague
Date: 18 May 2025
Examination: Chest X-Ray PA View

REPORT

- ***Prominent both hilar shadows and accentuated basal broncho-vascualr markings …bronchitis for clinical correlation and follow up.***
- *Both lung fields are clear with no obvious parenchymal or interstitial lesion.*
- *Normal appearance of aortic shadow.*
- *Maintained cardio-thoracic ratio.*
- *No obvious mediastinal mass lesion.*
- *Costo-phrenic & cardio-phrenic pleural angles are free*
- *Bony framework & soft tissue shadows are within normal limits.*

Much Obliged,
Dr. Nesreen Ghazy

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Instagram:https://www.instagram.com/alnile_medical

Medical Report

Patient Name: MUHAMMAD ANDLEEB ARIF HUSSAIN		**Date:** 18/05/2025 16:08:38
File No: 25008447	**Age/Gender:** 40y 8m 21d / M	**Nationality:** Pakistan
Payer Name: --		**Doctor:** Dr. IBTISAM KHAMIS SAID ALSULAIMI
Insurance Card No:	**ID Card No:** 109557718	**Phone:** 94026676

Chief Complaints:-

PDO check

no history of hearing impairment , no ear pain or discharge

no nasal or throat complains

both ears exam within normal limit

nose and throat clear

hearing tests , right side moderate to sev slopping senosreneural hearing loss , left side normal hearing

Fit to work from ENT point of view

Dr. IBTISAM KHAMIS SAID ALSULAIMI

Licence Number : 455

2025-05-18 16:11:34

End of Report

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Test: PDO FITNESS TO WORK (up t	
Name: MUHAMMAD ANDLEEB ARIF	
File No: 25008447	Age/Sex: 40 (Y) / M
Date: 2025-05-18	Specimen ID: 19184

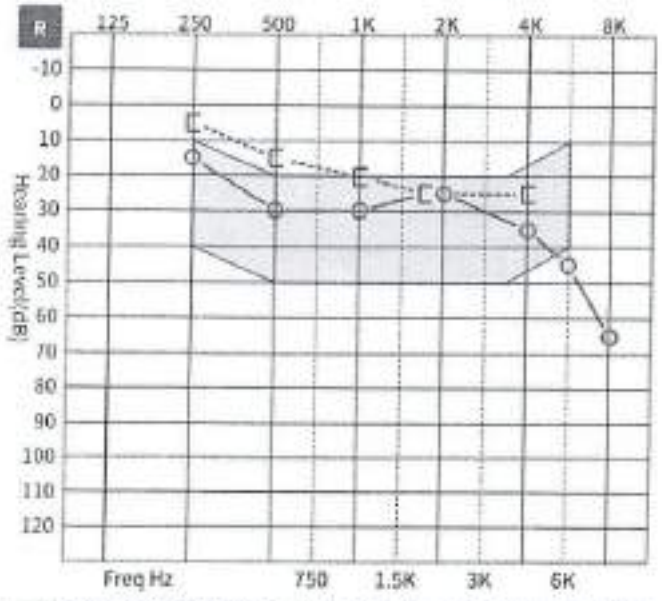
PTA Test Report

ID:109557718

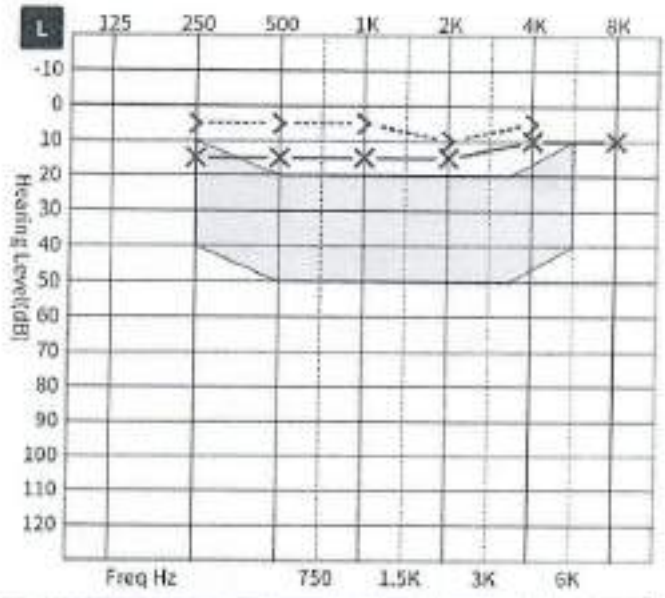
Name:MR. MUHAMMAD ANDLEEB ARIF HUSSAIN

Gender:Male

Age:40Y



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air		15	30		30		25		35	45	65
Bone		5	15		20		25		25		



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

Test Result:

RIGHT EAR- NORMAL TO MODERATELY SEVERE SLOPING SNHL WITH CONDUCTIVE COMPONENT AT LOW FREQUENCIES

LEFT EAR- HEARING SENSITIVITY WITHIN NORMAL LIMITS

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Test Date:2025-05-17 22:17 Printing Date:2025-05-17 22:17 Examiner:_____

Melison