



# Al Nile Hospital

## مستشفى النيل

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname/Forenames	MR. JAWID HUSSAIN	
		Nationality	PAKISTANI	
Mobile No. 79490340	Home/Leave Address:	Company Number:	Reference Indicator:	
<b>Personal Details</b>				
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced / Widow(er)		
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No. of children: --	
Reason for Examination (tick as appropriate)				
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>	Other Reason <input type="checkbox"/>	
<b>Employee only</b>				
B Present Job and Location: DRIVER ADAM		Next Job and Location:		
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>		
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?				
		✓		3-4 cigarettes / day
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: 18/5/25		Signature of Applicant:		





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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	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. 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.	

HEIGHT Cm 171 cm	WEIGHT kg 79 kg	BMI 27	B.P. 132 84	PULSE 82 mins.	HEARING L N R N	VISION DISTANT R L R L Uncorrected 6/6 6/6 Corrected 6/6 6/6	Colour Vision	Blood Group O+ve
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N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
N	A		
N		1. Urinalysis	
N		2. Hb, Blood count, ESR	
	A	3. LFT, RFT, RBS	
		4. Drug Screen	
N		5. Lipids (40 years +)	
		6. Sickle Cell test	
		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		12. HIV, Hepatitis screening	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)  
 high RBS - high SOpt - ALP - Mid dyslipidemia  
 for internal consultation - given Rx - instruction

ASSESSMENT:  
 FIT ALL AREAS   
 FIT WITH RESTRICTION   
 TEMPORARY UNFIT   
 UNFIT

Date: \_\_\_\_\_ Name (Block Capitals): Dr. N. Khassab      Signature: [Signature]

REVIEW/CONSULTATION  
 Date: \_\_\_\_\_ Name (Block Capitals): Dr. \_\_\_\_\_      Signature: \_\_\_\_\_





Employee Data	DATE 18/5/25
NAME: MR. JAVID HUSSAIN	Company: Truck owner
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	• 1
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 =

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		Date	18/5/25
Last Name		First Name	JAVID
I.D No.	Age	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 with no restrictions	<input checked="" type="checkbox"/>	<b>FIT</b>
Fit with following restrictions	<input type="checkbox"/>	
The employee is fit for above work but should avoid the following tasks		
Work near moving machinery or sharp edges	<input type="checkbox"/>	Operate motor vehicles, forklifts or heavy machinery
Working at height	<input type="checkbox"/>	Use a respirator
Pull push carry weight over <u>    </u> Kg	<input type="checkbox"/>	Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs	<input type="checkbox"/>	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







**Al Nile Hospital**  
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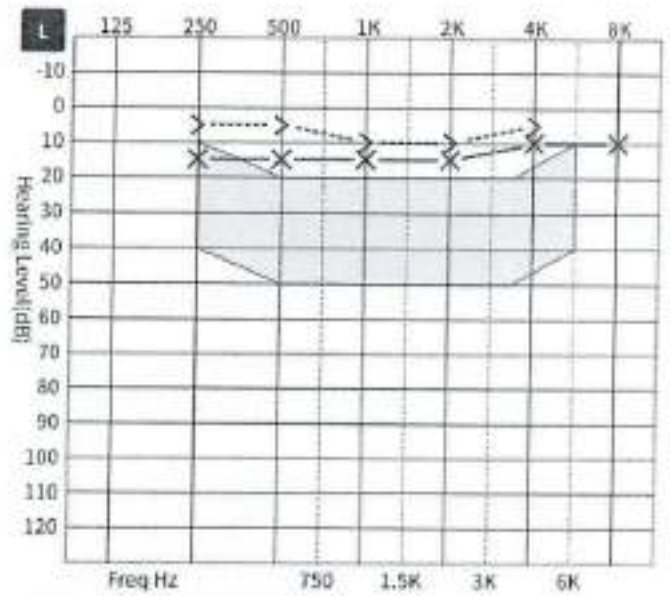
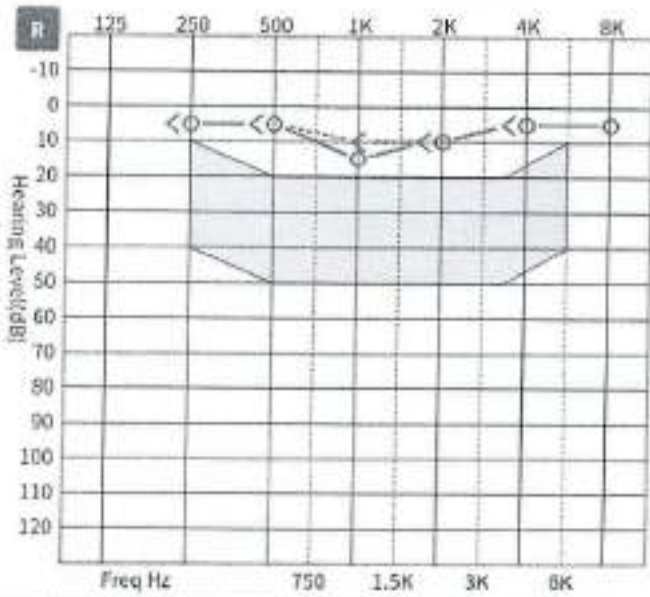
## PTA Test Report

ID:102205979

Name:MR.JAVID HUSSAIN HUSSAIN

Gender:Male

Age:38Y



Test Result:

**B/L HEARING SENSITIVITY WITHIN NORMAL LIMITS**



Test Date:2025-05-17 22:24

Printing Date:2025-05-17 22:24

Examiner: \_\_\_\_\_



**Al Nile**  
Medical Complex  
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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](https://www.instagram.com/alnile_medical)

## Lab Report

Patient Name:	JAVID HUSSAIN	Date:	18/05/2025 08:43:25
File No:	25008443	Age/Gender:	39y 4m 17d / M
Payer Name:		Sid No:	Bill#19182
Insurance Card No:	--	Collection Date & Time:	18/05/2025 08:08:26
Doctor:	Dr. Afi Mohammad Ghassah	Received Date & Time:	18/05/2025 08:43:25
Billing Time:	18/05/2025 07:46:09	Reported Date & Time:	18/05/2025 08:59:31
	Mobile: 79490340	Id Card No.:	102205979

Test Name	Result	Biological Reference
<b>Complete Blood Count</b>		
Haemoglobin	16.6 mg/dl	13.0 - 18.0
Total leucocyte count	9,420.0 Cells/Cumm	3,999.0 - 11,000.0
<b>Differential count</b>		
Neutrophil	68.7 %	40.0 - 75.0
Lymphocytes	22.9 %	15.0 - 45.0
Eosinophils	1.7 %	1.0 - 6.0
Monocyte	6.2 %	2.0 - 8.0
Basophils	0.2 %	< 10.0
Packed cell volum	53.1 %	< 54.0
RBC count	6.16 millions/mm	4.5 - 5.5
MCV	86.2 fl	81.8 - 95.5
MCH	27.0 pg	27.0 - 32.3
MCHC	31.3 g/dl	32.4 - 35.0
Platelet count	245,000.0 Cu/mm	150,000.0 - 400,000.0
RDW-CV	13.2 %	11.0 - 16.0
RDW-SD	41.2 fl	35.0 - 56.0
ESR(AUTOMATED)	1.0 mm/hr	< 15.0

### URINE ANALYSIS

Color	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	-



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Test Name	Result	Biological Reference
Squamous Epithelial Cell	FEW	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-
CREATININE	1.26 mg/dl	0.7-1.4
UREA	28.1 mg/dl	15.0-45.0
URIC ACID	3.9 mg/dl	3.4-7.0
TOTAL PROTEIN	7.65 g/dl	6.6-8.7
ALBUMIN	4.9 g/dl	3.5-5.2
SGOT	23.8 U/L	< 40.0
SGPT	61.8 U/L	< 41.0
BILIRUBIN TOTAL	0.518 mg/dl	< 1.1
ALKALINE PHOSPHATASE	117.0 U/L	35.0-104.0
BLOOD SUGAR FASTING	7.17 mmol/m	3.3-6.1
CHOLESTEROL	224.3 mg/dl	< 200.0
HDL CHOLESTEROL	42.71 mg/dl	40.0-60.0
TRIGLYCERIDE	178.7 mg/dl	40.0-160.0
LDL CHOLESTEROL	146.0 mg/dl	< 150.0

2025-05-18 09:51:48

\*\*End of Report\*\*



Technician: Hajar Mohammed  
Hussin Mousa  
License No: 9245

2025-05-18 09:22:40

Name : JAVID HUSSAIN

Sex : Male Age : 39

Section : Dr. ALI

RoomID :

BedID :

Operator: AMU M

Normal Sinus Rhythm,  
Cardiac electric axis normal;

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

Physician:

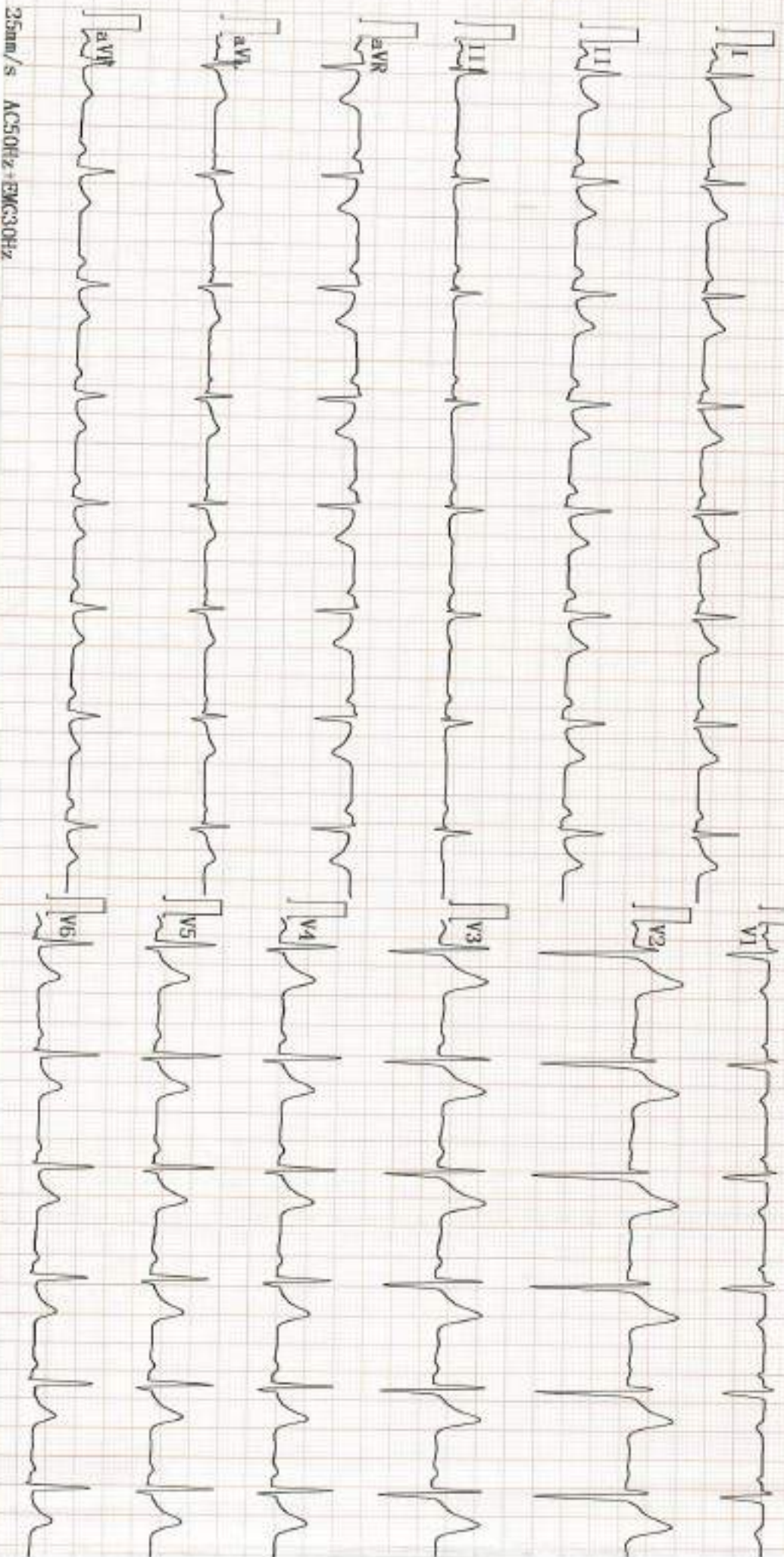
Test: PPO FITNESS TO WORK (up 1)

Name: JAVID HUSSAIN
File No: 2500449
Age/Sex: 39 (Y) / M
Date: 2025-05-18
Specimen ID: 19182



ALTO 10mm/av

10mm/av





*Patient Name: JAVID HUSSAIN*

*Date: 18 May 2025*

*Examination: Pelvi-Abdominal Ultrasonography*

### **REPORT**

- **Liver:** is average in size reflecting diffuse homogenous echopattern. No focal hepatic lesions and no intra-hepatic biliary radical dilatation.
- **P.V.:** is patent with average caliber.
- **G.B.:** is distended showing normal wall thickness with echofree lumen.
- **CBD:** shows average caliber with no stones within the visualized segment.
- **Spleen:** average size with homogenous echopattern. No focal lesions.
- **Pancreas:** average in size and echopattern. No definite focal lesions or duct dilatation.
- **Right kidney:**
  - Shows normal site, size and shape. Normal echogenic criteria, preserved parenchymal thickness with good cortico-medullary differentiation.
  - No stones or back pressure changes.
  - No cysts or masses.
- **Left kidney:**
  - Shows normal site, size and shape. Normal echogenic criteria, preserved parenchymal thickness with good cortico-medullary differentiation.
  - No stones or back pressure changes.
  - No cysts or masses.
- **Peritoneum:** no ascites.
- **Urinary Bladder:** is partially filled at time of scan, prevoiding volume of 10cc, with no stones or gross masses.
- **Pelvis:** normal pelvic overview.
- **Prostate:** is average in size, 17cc in volume, with no gross focal lesions could be noted.

### **Opinion:**

- ➔ Normal pelvi- abdominal ultrasonography.

Much Obligated,  
Dr. Nesreen Ghazy  
NESREEN GHAZY  
ULTRASOUND  
2025



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### Lab Report

Patient Name:	JAVID HUSSAIN	Date:	18/05/2025 12:02:56
File No:	25008443	Age/Gender:	39y 4m 17d / M
Payer Name:		Sid No:	Bill#19280
Insurance Card No:	--	Collection Date & Time:	18/05/2025 11:53:35
Doctor:	Dr. Bassel Ali Al Ratel	Received Date & Time:	18/05/2025 12:02:56
Billing Time:	18/05/2025 11:31:30	Reported Date & Time:	18/05/2025 12:18:17
	Mobile: 79490340	Id Card No.:	102205979

Test Name	Result	Biological Reference	
HBA1C	6.7 %	4.0 - 6.0	
URINE PROTEIN / CREATININE RATIO			
<b>Total Protein - Spot Urine</b>	result	unit	ref. range
	3.30	mg/dl	Up To 15
	33.00	mg/l	( 0 - 150 )
<b>Creatinine - Spot Urine</b>	result	unit	ref. range
	110.61	mg/dl	( 39 - 259 )
<b>Urinary Protein/Creatinine Ratio</b>	result	unit	ref. range
	0.02	Ratio	<0.2
			Results >2.5 suggests presence of Nephrotic range proteinuria

2025-05-18 21:14:53

**\*\*End of Report\*\***

Technician: Hajar Mohammed  
Hussin Mousa  
License No: 9245



## Medical Report

Patient Name: JAVID HUSSAIN		Date: 18/05/2025 11:19:23
File No: 25008443	Age/Gender: 39y 4m 17d / M	Nationality: Pakistan
Payer Name:--		Doctor: Dr. Bassel Ali Al Ratef
Insurance Card No:	ID Card No: 102205979	Phone: 79490340

### Vitals:-

Temperature	BP (SBP/DBP)	Pulse Rate	Respiratory Rate	Weight	Height	SPo2	RBS:	Pain Level	Abdominal Circumference	Head Circumference	CVP	Body Mass Index
36.2° C	132 / 82 mmHG	72 bpm	0 bpm	79.0 kg	171.0 cm	95 SP02	6.7	0	0.0	0.0		27.01686

### Chief Complaints:-

dyslipidemia, elevated SGPT and ALP, FBG=7.1

### Patient History:-

the patient was referred by the GP clinic for evaluation of elevated FBG=7.1, dyslipidaemia, elevated SGPT and ALP the patient mentions that he has elevated blood glucose readings in the past, the patient has polydipsia and polyuria, and WT loss, no chest pain, no dyspnoea, no fever medication: anti diabetic medications which he stopped 4 years ago but he discontinued the treatment PE: Social.H : smoker, non-alcoholic PE: resp and CVS are WNL, ECG: WNL creat: WNL, Urine. A: WNL urine protein\creatinine ratio is WNL

### Radiology Report:-

USG-ABD: normal abdomen-pelvic ultrasound

### Management Plan:-

start Glucophage 500mg BD with diet and exercise and review after 1 month advised to stop smoking ASCVD risk= 11% added rosuvastatin 10mg OD

### Investigations:-

No.	Internal Code	Name
1		HBA1C
2		URINE PROTEIN / CREATININE RATIO

### Prescriptions:-

No.	MOH Code	Medicine	Dosage	Duration	Remarks
1		GLUCOPHAGE F/C TAB 500MG 50,5		30 Days	
2		ZYROSA 10MG TAB. 285		30 Days	





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**Medical Complex**  
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Instagram:[https://www.instagram.com/alnile\\_medical](https://www.instagram.com/alnile_medical)

Dr. Bassel Ali Al Ratel

Licence Number : 19770

2025-05-18 21:34:08

**\*\*End of Report\*\***

الطبيب / باسل علي الراتل  
Dr. BASSEL ALI AL RATEL  
Specialist in General and Family Medicine  
الطبيب العام / باسل علي الراتل

