Alnile Hospital
مستشفى النيل

Patient Name: MUHAMMED [illegible]
File No: 25020386
Age: 33y 11m 8d
Gender : Male
Nationality: Pakistan

Surname/ Forenames	MUHAMMAD KASHIF UMAR HAYAT
Nationality	PAKISTANI
Company Number:	Reference Indicator:

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 91745139 | Home/Leave Address: Pakistan.

Personal Details

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

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

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ | Final / Retirement ☐ | Other Reason ☐

Employee only

B Present Job and Location: DRIVER / MUSCAT | Next Job and Location: DRIVER / MUSCAT - IBRI

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?			✓	12 cigarette. / 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: 8/12/25 Signature of Applicant:

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FOR COMPLETION BY EXAMINING DOCTOR
Further details of medical history and recreational activities:

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
181	90	27	120/80	60 / mins.	L N R N	Uncorrected	6 6	6 6	6 6		
						Corrected	6 6	6 6	6 6		

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				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.)

ASSESSMENT:

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

Date: 09/12/2025 Name (Block Capitals): Dr. Dr. WEAM FAISAL IBRAHIM ALNOUR Signature:

REVIEW/CONSULTATION

Date: 8/12/25 Name (Block Capitals): Dr. Signature:

Alnile Hospital
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Patient Name: MUHAMMED KASHIF
File No: 25020386
Age: 33y 11m 8d
Gender : Male
Nationality: Pakistan

Employee Data	DATE 8/8/25
NAME: MUHAMMED KASHIF UMAR	Company: Truk Oman.
ID No. 12171 6476	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	• 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 = 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.

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

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

Patient Name: MUHAMMED KASHIF
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Alnile Hospital
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Fitness to Work Certificate

Employee Data		Date 31/12/25	
Last Name UMAR HAYAT		First Name MUHAMMAD KASHIF	
I.D No. 121716976	Age 33yrs.	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 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	Signature	Print Name
31/12/25	09/12/2025	Dr. WEAM FAIDAL IBRAHIM ALNOUR

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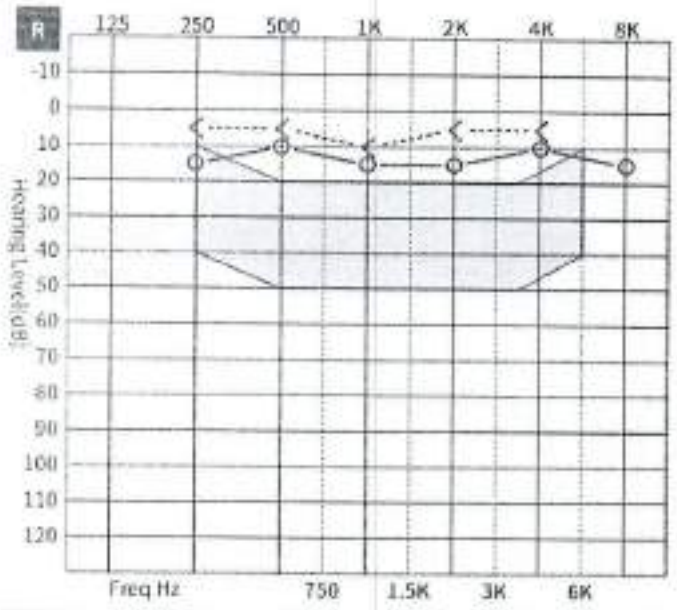
Alnile Hospital
مستشفى النيل

Patient Name: MUHAMMED KASHIF
File No: 25020386
Age: 33y 11m 8d
Gender : Male
Nationality: Pakistan

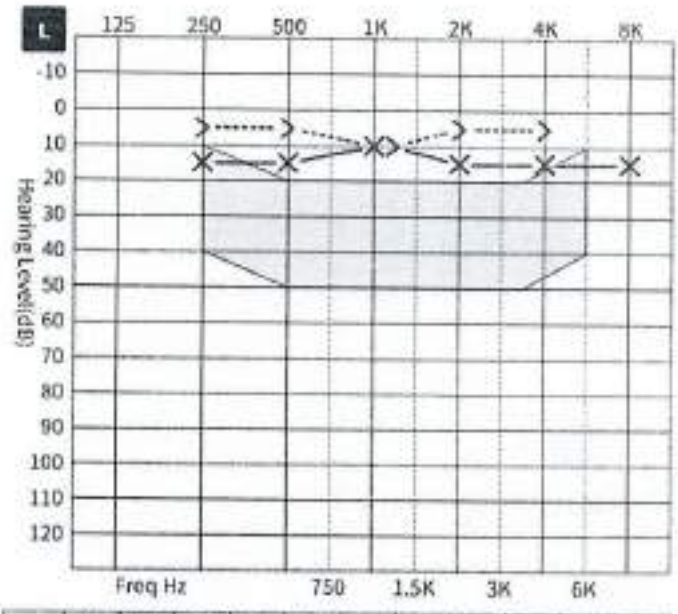
PTA Test Report

ID:25020386
Gender:Male

Name:MUHAMMED KASHIF
Age:33Y



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



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

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

AL NILE HOSPITAL

Test Date:2025-12-08 21:46

Printing Date:2025-12-08 21:46

Examiner:_____

Melison

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:	MUHAMMED KASHIF		
File No:	25020386	**Age/Gender:** 33y 11m 8d / M	
Payer Name:			
Insurance Card No:	--		
Doctor:	DR. Weam Faisal Ibrahim Alnour		
Billing Time:	09/12/2025 08:44:42	**Mobile:** 91745139	

Date:	09/12/2025 09:54:47
Sid No:	Bill#56070
Collection Date & Time:	09/12/2025 09:49:21
Received Date & Time:	09/12/2025 09:54:47
Reported Date & Time:	09/12/2025 10:13:38
Id Card No.:	121716976

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	4.9 mmol/m	3.3 - 6.1
CHOLESTEROL	185.6 mg/dl	< 200.0
HDL CHOLESTEROL	34.9 mg/dl	40.0 - 60.0
LDL CHOLESTEROL	129.3 mg/dl	< 150.0
TRIGLYCERIDE	107.0 mg/dl	40.0 - 160.0
UREA	23.7 mg/dl	15.0 - 45.0
CREATININE	1.18 mg/dl	0.7 - 1.4
URIC ACID	6.04 mg/dl	3.4 - 7.0
SGOT	23.0 U/L	< 40.0
SGPT	31.4 U/L	< 41.0
ALKALINE PHOSPHATASE	61.4 U/L	35.0 - 104.0
BILIRUBIN TOTAL	0.601 mg/dl	< 1.1
TOTAL PROTEIN	6.86 g/dl	6.6 - 8.7
ALBUMIN	4.53 g/dl	3.5 - 5.2
GLOBULIN	2.33 g/L	2.0 - 3.9
ESR(AUTOMATED)	5.0 mm/hr	< 15.0
Complete Blood Count		
Haemoglobin	14.5 mg/dl	13.0 - 18.0
Total leucocyte count	5,540.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	58.1 %	40.0 - 75.0
Lymphocytes	33.9 %	15.0 - 45.0
Eosinophils	2.4 %	1.0 - 6.0
Monocyte	5.3 %	2.0 - 8.0
Basophils	0.3 %	< 10.0
Packed cell volum	45.5 %	< 54.0
RBC count	5.05 millions/mm	4.5 - 5.5
MCV	90.0 fl	81.8 - 95.5
MCH	28.7 pg	27.0 - 32.3
MCHC	31.9 g/dl	32.4 - 35.0
Platelet count	249,000.0 Cumm	150,000.0 - 450,000.0
RDW-CV	11.7 %	11.0 - 16.0
RDW-SD	38.5 fl	35.0 - 56.0

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Test Name	Result	Biological Reference
URINE ANALYSIS		
Color	Pale Yellow	-
Transparancy	Clear	-
Specific Gravity	1.01	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bliriubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-2	-
Erythrocytes	1-2	-
Sequamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-12-09 10:19:48
End of Report

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

AL NILE HOSPITAL