



**Al Nile**  
Medical Complex  
مجمع النيل الطبي

Name of the Examined : Mr.RASHID MEHMOOD MUHAMMAD ASLAM

Age : 32yrs/M

ID Number: 25013661

Job Title: DRIVER

Date of medical Examination: 18/08/2025

Examining physician: DR. ISLAM SAKR

Medical centre: AL NILE HOSPITAL

Company: TRUCK OMAN

## Assessment Results

Fit to work without restrictions

The certificate is valid for 2 years from the date of medical examination

Fitness classifications :

- Fit to work without restrictions ✓
- Fit work with restrictions
- Unfit to work temporarily or definitely

**FIT**

Restrictions list :

- R1: Unfit to work offshore, on marine vessels and in remote locations.  
R2: Unfit for Lifting and strenuous efforts.  
R3: Unfit to work in certain countries, check with geomarkethealth advisor.  
R4: Unfit to work in jobs requiring precise color vision.  
R5: Unfit to work in job with high level of noise.  
R6: Unfit to work in high risk of malaria countries.  
R7: Unfit to work in extreme heat.  
R8: Unfit to work in extreme cold.  
R9: Contact Geomarket health advisor/international medical coordinator - there exist specific restriction.  
R10: Unfit to work for a temporarily of time until further notice.  
R11: Unfit to work in jobs requiring good visual acuity (eg: driving company vehicle ).  
R12: Fit only for defined period of time (1, 3 or 6 months) and must be reassessed and fitness redefined.  
R13: Unfit to drive company vehicle.  
R14: Unfit to fly long haul flights.  
R15: Unfit to work in heights and confined spaces.

COMMENTS:

*client is fit.*

EXAMINING PHYSICIAN STAMP AND SIGNATURE

Dr. Islam Sakr  
General Practitioner

HOSPITAL STAMP



Schlumberger

Patient Name: RASHID MEHMOOD  
MUHAMMAD ASLAM  
File No: 25013661  
Age: 32y 10m 28d  
Gender: Male  
Nationality: Pakistan

**CONFIDENTIAL MEDICAL** TO BE COMPLETED BY THE EMPLOYEE

|                                                                                                                                                                                                                                                       |                                                                                                                           |                     |                                   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|---|---|
| Med - check History form                                                                                                                                                                                                                              |                                                                                                                           | Name:               | RASHID MEHMOOD MUHAMMAD ASLAM     |   |   |
|                                                                                                                                                                                                                                                       |                                                                                                                           | GIN:                |                                   |   |   |
| Place of examination                                                                                                                                                                                                                                  | Date                                                                                                                      | Mobile:             | 77300682                          |   |   |
| AINILE HOSPITAL                                                                                                                                                                                                                                       | 18/08/25                                                                                                                  |                     |                                   |   |   |
| Age: 324                                                                                                                                                                                                                                              | Nationality: PAKISTAN                                                                                                     | Blood Group         |                                   |   |   |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                              | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced | Number Of Children: | NIL                               |   |   |
| Do You Have You Had: (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)                                                                                                                                                    |                                                                                                                           |                     |                                   |   |   |
|                                                                                                                                                                                                                                                       | Y                                                                                                                         | N                   |                                   | Y | N |
| 1-SINUS TROUBLE                                                                                                                                                                                                                                       |                                                                                                                           | ✓                   | 21- CANCER                        |   | ✓ |
| 2- NECK SWELLING / GLANDS                                                                                                                                                                                                                             |                                                                                                                           | ✓                   | 22- HEART DISEASE                 |   | ✓ |
| 3-DIFFICULTY IN VISION                                                                                                                                                                                                                                |                                                                                                                           | ✓                   | 23- RHEUMATIC FEVER               |   | ✓ |
| 4- ANY EAR DISCHARGE                                                                                                                                                                                                                                  |                                                                                                                           | ✓                   | 24- ABNORMAL HEARTBEAT            |   | ✓ |
| 5-ASHMA / BRONCHITIS                                                                                                                                                                                                                                  |                                                                                                                           | ✓                   | 25- HIGH BLOOD PRESSURE           |   | ✓ |
| 6- HAYFEVER / OTHER SIGNIFICANT ALLERGY                                                                                                                                                                                                               |                                                                                                                           | ✓                   | 26- STROKE                        |   | ✓ |
| 7-ANY SKIN TROUBLE                                                                                                                                                                                                                                    |                                                                                                                           | ✓                   | 27- SERIOUS CHEST PAIN            |   | ✓ |
| 8- TUBERCULOSIS                                                                                                                                                                                                                                       |                                                                                                                           | ✓                   | 28-ANY BLOOD DISEASE              |   | ✓ |
| 9- SHORTNESS OF BREATH                                                                                                                                                                                                                                |                                                                                                                           | ✓                   | 29- KIDNEY DISEASE                |   | ✓ |
| 10- COUGHED / VOMITED BLOOD                                                                                                                                                                                                                           |                                                                                                                           | ✓                   | 30- BLOOD IN URINE                |   | ✓ |
| 11- SEVERE ABDOMINAL PAIN                                                                                                                                                                                                                             |                                                                                                                           | ✓                   | 31- DIABETES                      |   | ✓ |
| 12- STOMACH ULCER                                                                                                                                                                                                                                     |                                                                                                                           | ✓                   | 32-HEADACHES / MIGRAINE           |   | ✓ |
| 13-RECURRENT INDIGESTION                                                                                                                                                                                                                              |                                                                                                                           | ✓                   | 33-DIZZINESS / FAINTING           |   | ✓ |
| 14-JAUNDICE OR HEPATITIS                                                                                                                                                                                                                              |                                                                                                                           | ✓                   | 34- EPILEPSY                      |   | ✓ |
| 15- GALL BLADDER DISEASE                                                                                                                                                                                                                              |                                                                                                                           | ✓                   | 35- JOINTS / SPINAL TROUBLE       |   | ✓ |
| 16- MARKED CHANGE IN BOWEL HABITS                                                                                                                                                                                                                     |                                                                                                                           | ✓                   | 36-SURGICAL OPERATION             |   | ✓ |
| 17- BLOOD IN STOOLS (MOTIONS)                                                                                                                                                                                                                         |                                                                                                                           | ✓                   | 37-SERIOUS ACCIDENT / FRACTURE    |   | ✓ |
| 18- MARKED CHANGE IN WEIGHT                                                                                                                                                                                                                           |                                                                                                                           | ✓                   | 38- TROPICAL DISEASE              |   | ✓ |
| 19- VARICOSE VEINS                                                                                                                                                                                                                                    |                                                                                                                           | ✓                   | 39- FEAR OF HEIGHTS               |   | ✓ |
| 20- LUMP IN BREAST / ARMPIT                                                                                                                                                                                                                           |                                                                                                                           |                     |                                   |   |   |
| HOW MUCH TOBACCO EACH DAY?                                                                                                                                                                                                                            | -                                                                                                                         |                     | AVERAGE DAILY ALCOHOL CONSUMPTION | - |   |
| HAVE YOU EVER TAKEN ELICITED DRUGS ? ( )                                                                                                                                                                                                              |                                                                                                                           |                     |                                   |   |   |
| FAMILY HISTORY: DIABETES ( ) TUBERCULOSIS ( ) EPILEPSY ( ) ASTHMA ( ) ECZEMA ( )<br>HEART DISEASE ( ) HIGH BLOOD PRESSURE ( ) STROKE ( ) BLOOD DISEASE ( ) CANCER ( )                                                                                 |                                                                                                                           |                     |                                   |   |   |
| NIL                                                                                                                                                                                                                                                   |                                                                                                                           |                     |                                   |   |   |
| PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT >                                                                                                                                                                                 |                                                                                                                           |                     |                                   |   |   |
| I DECLARED THESE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I AGREE THAT THE RESULT OF THIS MEDICAL EXAMINATION IN GENERAL TERMS MAY BE REVEALED TO THE COMPANYS DOCTORS, AND THE DETAILS SENT TO THEM BY THE EXAMINING DOCTOR. |                                                                                                                           |                     |                                   |   |   |
| DATE: 18/8/25                                                                                                                                                                                                                                         |                                                                                                                           |                     |                                   |   |   |
| SIGNATURE OF APPLICANT: <i>Rashid</i>                                                                                                                                                                                                                 |                                                                                                                           |                     |                                   |   |   |





## Schlumberger

**Patient Name:** RASHID MEHMOOD  
**MURHAMMAD ASLAM**  
**File No:** 23013661  
**Age:** 32y 10m 28d  
**Gender:** Male  
**Nationality:** Pakistan

|                          |   |               |                    |                          |  |            |  |
|--------------------------|---|---------------|--------------------|--------------------------|--|------------|--|
| VISUAL FIELDS:           |   | N             |                    | COLOR VISION:            |  | N          |  |
| SPEECH:                  |   | N             |                    | SHISPER TEST:            |  | N          |  |
| NEAR VISION RIGHT EYE:   |   | N 6/6         |                    | NEAR VISION LEFT EYE:    |  | 6/6        |  |
| DISTANT VISION LEFT EYE: |   | N 6/6         |                    | DISTANT VISION RIHT EYE: |  | 6/6        |  |
| HEIGHT: 153 cm           |   | WEIGHT: 80 kg |                    | BMI: 23.4                |  | BP: 130/80 |  |
|                          |   |               |                    |                          |  | PULSE: 66  |  |
| BODY SYSTEM / ORGAN      | N | A             | ABNORMALITY IF ANY |                          |  |            |  |
| EYES AND PUPILS          | ✓ |               |                    |                          |  |            |  |
| EAR/ NOSE/ THROAT        | ✓ |               |                    |                          |  |            |  |
| TEETH AND MOUTH          | ✓ |               |                    |                          |  |            |  |
| LUNGS AND CHEST          | ✓ |               |                    |                          |  |            |  |
| CARDIOVASCULAR           | ✓ |               |                    |                          |  |            |  |
| ABDOMEN                  | ✓ |               |                    |                          |  |            |  |
| HERNIAL ORIFICES         | ✓ |               |                    |                          |  |            |  |
| ANUS AND RECTUM          | ✓ |               |                    |                          |  |            |  |
| GENITO – URINARY         | ✓ |               |                    |                          |  |            |  |
| EXTREMITIES              | ✓ |               |                    |                          |  |            |  |
| MUSCULOSKELETAL          | ✓ |               |                    |                          |  |            |  |
| SKIN / VARICOSE VIENS    | ✓ |               |                    |                          |  |            |  |
| NEUROLOGICAL             | ✓ |               |                    |                          |  |            |  |
| MENTAL FITNESS           | ✓ |               |                    |                          |  |            |  |
| BREAST                   | ✓ |               |                    |                          |  |            |  |

[illegible]

18-08-2025



## CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

|                             |                |               |          |      |
|-----------------------------|----------------|---------------|----------|------|
| NAME: <u>RASHID MEHMOOD</u> | AGE: <u>32</u> | SEX: <u>M</u> | COMPANY: | GIN: |
| <u>MUHAMMAD ASLAM</u>       |                |               |          |      |

|                                    |                           |                             |                  |
|------------------------------------|---------------------------|-----------------------------|------------------|
| PAST MEDICAL HISTORY<br><u>Nil</u> |                           | BLOOD GROUP<br><u>B +ve</u> |                  |
| ALLERGIES:                         |                           |                             |                  |
| VACCINATION                        | DATE OF INITIAL INJECTION |                             | BOOSTER DUE DATE |
| HEPATITIS A                        |                           |                             |                  |
| HEPATITIS B                        |                           |                             |                  |
| TYPHOID FEVER                      |                           |                             |                  |
| INFLUENZA                          |                           |                             |                  |
| TESTS RESULTS                      |                           |                             |                  |
| AUDIOGRAM:                         |                           | <u>Normal</u>               |                  |
| DSU 5 PANEL                        |                           |                             |                  |

|             |               |
|-------------|---------------|
| ECG         | <u>Normal</u> |
| CHEST X-RAY | <u>Normal</u> |

| BLOOD INVESTIGATIONS |                          |                                        |               |              |                                            |
|----------------------|--------------------------|----------------------------------------|---------------|--------------|--------------------------------------------|
| RBCS                 | <u>6.45</u>              | 4.20-6.30*10 <sup>6</sup> /UL          | SGOT          | <u>30.2</u>  | MALE:10-50<br>FEMALE:10-35U/L              |
| WBCS                 | <u>6.010</u>             | 4.0-11.0*10 <sup>3</sup> /UL           | SGPT          | <u>41.4</u>  | MALE:UP TO 41<br>FEMALE:10-35U/L           |
| NEUTRO               | <u>44.8</u>              | 37-72%                                 | GGT           | <u>51</u>    | 0-50/UL                                    |
| EOSINO               | <u>3.2</u>               | 0-6%                                   | FBS:          | <u>4.35</u>  | 60-110 MG/DL                               |
| BASO                 | <u>0.8</u>               | 0-1%                                   | CHOLESTEROL   | <u>161.7</u> | UP TO 200 MG/DL                            |
| LYMPHO               | <u>43.4</u>              | 10-58%                                 | HDL           | <u>44.83</u> | 20-60 MG/DL                                |
| MONO                 | <u>7.4</u>               | 0-14%                                  | LDL           | <u>98.0</u>  | UP TO 130 MG/DL                            |
| HEMATOCRIT           | <u>52.5</u>              | 37-51%                                 | TRIGLYCERIDES | <u>95.6</u>  | 35-175 MG/DL                               |
| HEMOGLOBIN           | <u>17.2</u>              | MALE:13.5-18.0<br>FEMALE:11.5-16.0G/DL | CREATININE    | <u>1.25</u>  | MALE:0.7-1.2 MG/DL<br>FEMALE:0.5-0.9MG/DL  |
| ESR                  | <u>1.0</u><br><u>1.0</u> | MALE:0-10 MM/HR<br>FEMALE:0-20 MM/HR   | URIC ACID     | <u>7.3</u>   | MALE:3.6-7.7 MG/DL<br>FEMALE:2.5-6.8 MG/DL |

| URINE ANALYSIS |            |        |            |
|----------------|------------|--------|------------|
| BLOOD          | <u>NIL</u> | SUGAR  | <u>NIL</u> |
| ALBUMIN        | <u>NIL</u> | OTHERS | <u>-</u>   |
| STOOL ANALYSIS |            |        |            |
| PARASITES      | <u>NIL</u> | BLOOD  | <u>NIL</u> |

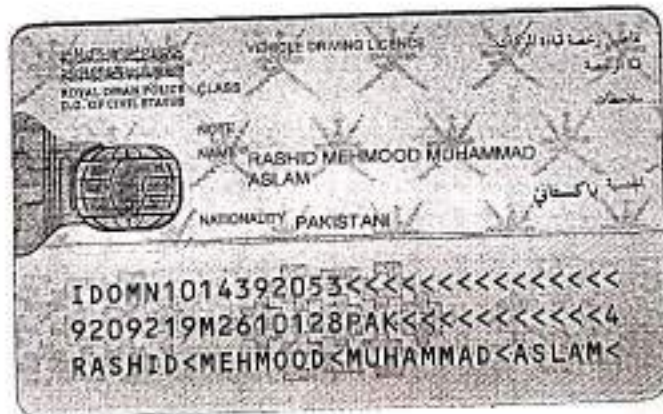
|          |                                     |
|----------|-------------------------------------|
| COMMENTS | <u>Investigations within normal</u> |
|----------|-------------------------------------|

EXAMINING PHYSICIAN

Dr. S. A. Khan  
 General Practitioner  
 18.08.2025



Patient Name: RASHID MEHMOOD  
MUHAMMAD ASLAM  
File No: 25013551  
Age: 32y 10m 28d  
Gender : Male  
Nationality: Pakistan







**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

### Tax Invoice

|               |                               |              |                     |
|---------------|-------------------------------|--------------|---------------------|
| File Number:  | 25013661                      | Invoice No:  | 67095               |
| Patient Name: | RASHID MEHMOOD MUHAMMAD ASLAM | Date:        | 18/08/2025 08:06:22 |
| Id Card No. : | 101439205                     | APT No:      | APT30958            |
| Age / Gender: | - 32 (Y) / m                  | Payer Name:  | TRUCK OMAN          |
| Doctor:       | Dr. Islam Ateya Mohammed Sakr |              |                     |
| Address:      |                               | Nationality: | Pakistan            |
| Mobile No:    | 77300682                      |              |                     |

| Sl.No. | Description                      | Code    | Qty | Gross | Disc  | Var% | Vat   | Net Amount |
|--------|----------------------------------|---------|-----|-------|-------|------|-------|------------|
| 1      | Consultation (General Physician) | CON0001 | 1   | 2.000 | 0.000 |      | 0.000 | 2.000      |

Total Amount: 2.000  
Tax Amount: 0.000  
Discount: 0.000  
Net Amount: 2.000  
Patient to pay: 0.0

Total Paid 0.0 Balance to be Paid 2.000 Balance to be Paid (TRUCK OMAN) 2.000

Total Amount in Words: Two Rial Only

Invoiced By: Marwa Eid albusaidi

Payment Details:

| Receipt Date        | Receipt No | Amount | Pay Mode |
|---------------------|------------|--------|----------|
| 18/08/2025 08:07:14 | 076067     | 0.0    |          |

2025-08-18 08:07:29  
\*\*End of Report\*\*





**Al Nile**  
**Medical Complex**  
**مجمع النيل الطبي**

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Instagram:https://www.instagram.com/alnile\_medical

### Tax Invoice

|                |                               |             |                               |
|----------------|-------------------------------|-------------|-------------------------------|
| File Number:   | 25013661                      | Invoice No: | 67096                         |
| Patient Name:  | RASHID MEHMOOD MUHAMMAD ASLAM | SID No:     | Bill#33690                    |
| Date of Birth: | 1992-09-21                    |             |                               |
| Age / Gender:  | 32y 10m 28d / Male            | Date:       | 18/08/2025 08:07:44           |
| ID Card No:    | 101439205                     | Payer Name: | TRUCK OMAN                    |
| Address:       |                               |             |                               |
| Nationality:   | Pakistan                      | Doctor:     | Dr. Islam Ateya Mohammed Sakr |
| Mobile No:     | 77300682                      |             |                               |

| Sl.No. | Description                  | Code | Qty | Gross  | Disc  | Var% | Vat   | Net Amount |
|--------|------------------------------|------|-----|--------|-------|------|-------|------------|
| 1      | SCHLUMBERGER FITNESS TO WORK |      | 1   | 42.000 | 0.000 |      | 0.000 | 42.000     |

|                                       |        |
|---------------------------------------|--------|
| Bill Amount:                          | 42.000 |
| Tax Amount:                           | 0.000  |
| Discount:                             | 0.000  |
| Net Amount:                           | 42.000 |
| Balance amount to be paid by patient: | 42.000 |

|            |     |                              |     |                                 |        |
|------------|-----|------------------------------|-----|---------------------------------|--------|
| Total Paid | 0.0 | Balance to be Paid (Patient) | 0.0 | Balance to be Paid (TRUCK OMAN) | 42.000 |
|------------|-----|------------------------------|-----|---------------------------------|--------|

Total Amount in Words: Forty-Two Rial Only

Invoiced By: Marwa Eid albusaidi

Payment Details:

| Receipt Date        | Receipt No | Amount | Pay Mode |
|---------------------|------------|--------|----------|
| 18/08/2025 08:07:44 | 076068     | 0.0    |          |

2025-08-18 08:07:53  
\*\*End of Report\*\*





**Al Nile Hospital**  
مستشفى النيل

Patient Name: RASHID MEHMOOD  
MUHAMMAD ASLAM  
File No: 25013661  
Age: 32y 10m 28d  
Gender: Male  
Nationality: Pakistan

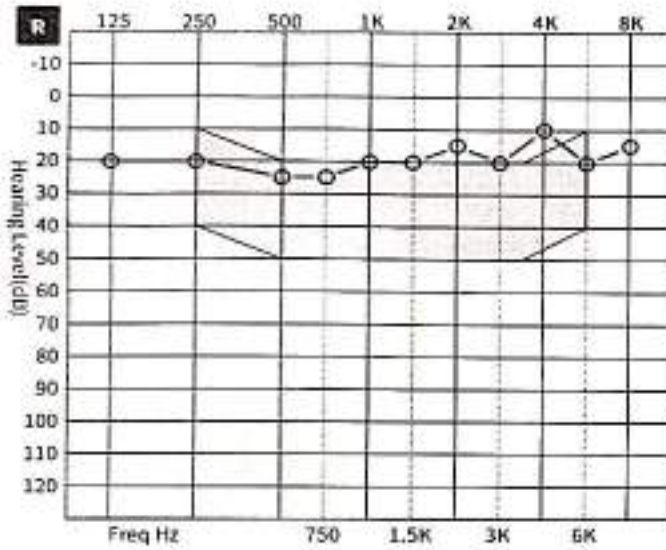
## PTA Test Report

ID: 25013661

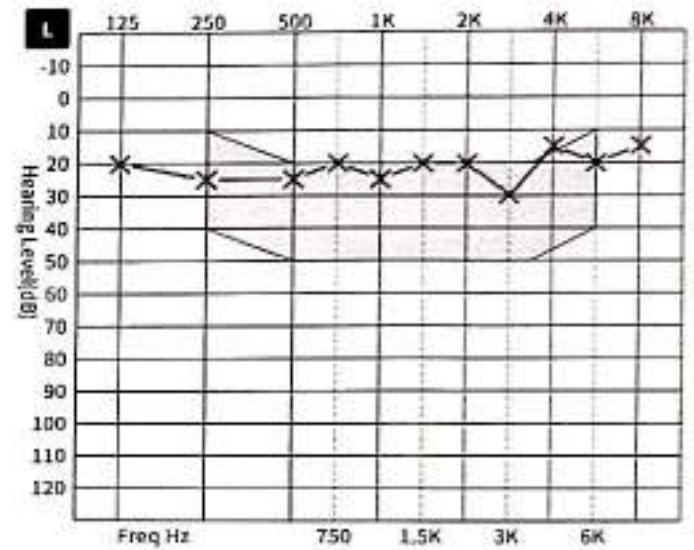
Gender: Male

Name: RASHID MEHMOOD MUHAMMAD ASLAM

Age: 32Y



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



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

Test Result: BILATERAL HEARING SENSITIVITY IS WITHIN NORMAL LIMITS.



Test Date: 2025-08-17 21:52

Printing Date: 2025-08-17 21:55

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

**elison®**



2025-08-18 09:46:40

Name : RASHID MEHMOOD

Sex : Male Age : 32

Section: DR. ISLAM

RoomID: \_\_\_\_\_

BedID: \_\_\_\_\_

ID: \_\_\_\_\_

Operator: MAYA

cbx: \_\_\_\_\_

AUTO 10mm/mV

Data for reference only:

|              |                       |
|--------------|-----------------------|
| HR           | [bpm]: 64             |
| PR Interval  | [ms]: 135             |
| P Duration   | [ms]: 100             |
| QRS Duration | [ms]: 71              |
| T Duration   | [ms]: 221             |
| QT/QTc       | [ms]: 394/407         |
| P/QRS/T Axis | [deg]: 50.5/52.3/48.4 |
| R(V5)/S(V1)  | [mV]: 0.65/0.44       |
| R(V5)+S(V1)  | [mV]: 1.09            |

&lt;&lt; Conclusions &gt;&gt;

Normal Sinus Rhythm  
Cardiac electric axis normal.

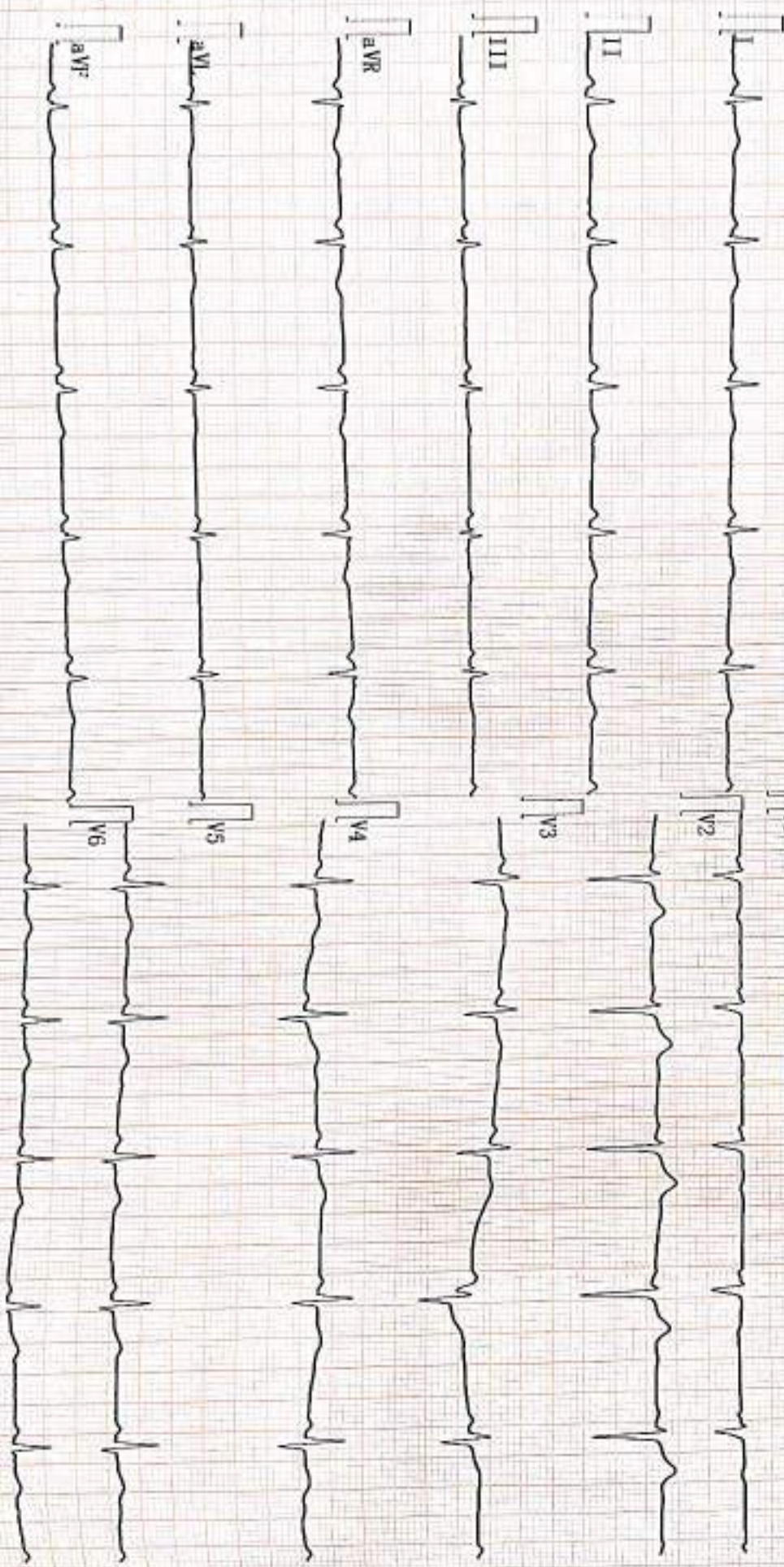
\*\*Report need physician confirm\*\*



Physician: \_\_\_\_\_

Patient Name: RASHID MEHMOOD  
MURAWWAD ASLAM  
File No: 25013661  
Age: 32 y 10m 28d  
Gender: Male  
Nationality: Pakistan

دكتور اسلام رشيد محمد دوي  
5/13/2025  
5/13/2025  
5/13/2025







Patient Id : 25013661

Name : RASHID MEHMOOD MUHAMMAD

Consultant : DR Islam Sakr

Age/ Gender : 32 / M

Report Date : 18/08/2025

### ECG REPORT

- NO ISCHEMIC CHANGES CHEST LEADS
- NORMAL SINUS RYTHME

IMPRESSION : - NORMAL ECG

Dr. Islam Sakr





*Patient Name: RASHID MEHMOOD MUHAMMAD ASLAM*  
*Prof. Dr. Dear Colleague*  
*Date: 16 August 2025*  
*Examination: CHEST X-RAY (PA VIEW)*

### **REPORT**

- *Both lung fields are clear with no obvious focal or diffuse parenchymal or interstitial lesion.*
- *Normal appearance of aortic & both broncho-vascular shadows.*
- *Upper limit of normal cardio-thoracic ratio.*
- *No obvious hilar or mediastinal mass lesion.*
- *Costo-phrenic & cardio-phrenic pleural angles are free.*
- *Bony framework & soft tissue shadows are within normal limits.*

### **OPINION:**

***Apparently Normal Chest x-Ray.***

**MUCH OBLIGED,**  
**Dr. Nesreen Ghazy**  
**Lic.No: 26650**







# 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

## Lab Report

|                    |                               |                             |                         |                     |
|--------------------|-------------------------------|-----------------------------|-------------------------|---------------------|
| Patient Name:      | RASHID MEHMOOD MUHAMMAD ASLAM |                             | Date:                   | 18/08/2025 08:55:31 |
| File No:           | 25013661                      | Age/Gender: 32y 10m 28d / M | Sid No:                 | BIII#33690          |
| Payer Name:        |                               |                             | Collection Date & Time: | 18/08/2025 08:18:26 |
| Insurance Card No: | --                            |                             | Received Date & Time:   | 18/08/2025 08:55:31 |
| Doctor:            | Dr. Islam Ateya Mohammed Sakr |                             | Reported Date & Time:   | 18/08/2025 09:30:33 |
| Billing Time:      | 18/08/2025 08:07:44           | Mobile: 77300682            | Id Card No.:            | 101439205           |

| Test Name                       | Result               | Biological Reference  |
|---------------------------------|----------------------|-----------------------|
| Gamma-Glutamyltransferase (GGT) | 51.0 U/L             | 5.0 - 63.0            |
| CHOLESTEROL                     | 161.7 mg/dl          | < 200.0               |
| TRIGLYCERIDE                    | 95.6 mg/dl           | 40.0 - 160.0          |
| LDL CHOLESTEROL                 | 98.0 mg/dl           | < 150.0               |
| HDL CHOLESTEROL                 | 44.83 mg/dl          | 40.0 - 60.0           |
| SGOT                            | 30.2 U/L             | < 40.0                |
| SGPT                            | 41.9 U/L             | < 41.0                |
| CREATININE                      | 1.25 mg/dl           | 0.7 - 1.4             |
| URIC ACID                       | 7.3 mg/dl            | 3.4 - 7.0             |
| BLOOD SUGAR FASTING             | 4.73 mmol/m          | 3.3 - 6.1             |
| BLOOD GROUP                     | B                    | -                     |
| RH Typing                       | POSITIVE             | -                     |
| ESR(AUTOMATED)                  | 1.0 mm/hr            | < 15.0                |
| Complete Blood Count            |                      |                       |
| Haemoglobin                     | 17.2 mg/dl           | 13.0 - 18.0           |
| Total leucocyte count           | 6,010.0 Cells / Cumm | 3,999.0 - 11,000.0    |
| Differential count              |                      |                       |
| Neutrophil                      | 44.8 %               | 40.0 - 75.0           |
| Lymphocytes                     | 43.4 %               | 15.0 - 45.0           |
| Eosinophils                     | 3.2 %                | 1.0 - 6.0             |
| Monocyte                        | 7.4 %                | 2.0 - 8.0             |
| Basophils                       | 0.8 %                | < 10.0                |
| Packed cell volum               | 52.5 %               | < 54.0                |
| RBC count                       | 6.45 millions/mm     | 4.5 - 5.5             |
| MCV                             | 81.4 fl              | 81.8 - 95.5           |
| MCH                             | 26.7 pg              | 27.0 - 32.3           |
| MCHC                            | 32.8 g/dl            | 32.4 - 35.0           |
| Platelet count                  | 248,000.0 Cumm       | 150,000.0 - 400,000.0 |
| RDW-CV                          | 12.8 %               | 11.0 - 16.0           |
| RDW-SD                          | 37.9 fl              | 35.0 - 56.0           |
| Physical                        |                      |                       |
| Color                           | Brownish             | -                     |
| Consistency                     | Semi Solid           | -                     |



**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 |
|--------------------------|----------|----------------------|
| Occult Blood             |          | -                    |
| <b>Microscopic</b>       |          |                      |
| Pus Cells                | 1-2      | +                    |
| RBC Cells                | 0-1      | +                    |
| E-Hisolytica             | NIL      | +                    |
| E-Coli                   | NIL      | +                    |
| Giardia Lamblia          | NIL      | +                    |
| Taenia Saginata          | NIL      | +                    |
| Taenia Solium            | NIL      | +                    |
| Schistosoma Haematobium  | NIL      | +                    |
| Ascaris Lumbricoides     | NIL      | +                    |
| Trichis Trichiura        | NIL      | +                    |
| Ancylostoma Duodenals    | NIL      | +                    |
| Others                   | NIL      | +                    |
| <b>URINE ANALYSIS</b>    |          |                      |
| Color                    | Yellow   | +                    |
| Transparency             | Clear    | -                    |
| Specific Gravity         | 1.015    | -                    |
| PH                       | Alkaline | +                    |
| Glucose                  | NIL      | -                    |
| Acetone                  | NIL      | -                    |
| Bilirubin                | NIL      | -                    |
| Blood                    | NIL      | -                    |
| Urobilinogen             | NIL      | -                    |
| Protein                  | NIL      | -                    |
| Nitrate                  | NIL      | -                    |
| Leukocyte                | NIL      | -                    |
| Pus cells                | 1-2      | -                    |
| Erythrocytes             | 0-1      | -                    |
| Squamous Epithelial Cell | Few      | -                    |
| Crystal                  | NIL      | -                    |
| Cast                     | NIL      | -                    |
| Bacteria                 | NIL      | -                    |
| Others                   | NIL      | -                    |

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

Technician: Hajar Mohammed  
Hussin Mousa  
License No: 9245

