




# Al Nile Hospital

## مستشفى النيل

|  |   |   |             |
|--|---|---|-------------|
| PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS  |   | Surname/Forenames: <b>BILAWAL SHAHZAD ZAFAR ABBAS</b> |             |
| Nationality: <b>PAKISTANI</b>  |   |   |             |
| Mobile No. <b>99305712</b>   | 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<br><input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter              | No. of children: <b>2</b>                             |             |
| 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: <b>Driver</b><br><b>Adam</b>   | 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?   | <input checked="" type="checkbox"/>   |   |             |
| 1 Ear, nose, eye or throat problems  | <input checked="" type="checkbox"/>   |   |             |
| 2 Chest problems like asthma, bronchitis, other bad cough  | <input checked="" type="checkbox"/>   |   |             |
| 3 Heart abnormality, chest pains   | <input checked="" type="checkbox"/>   |   |             |
| 4 Abdominal pains, abnormal bowel motions  | <input checked="" type="checkbox"/>   |   |             |
| 5 Urogenital problems (kidney disease, menstrual disorder)   | <input checked="" type="checkbox"/>   |   |             |
| 6 Skin trouble or allergies  | <input checked="" type="checkbox"/>   |   |             |
| 7 Epileptic fits, dizzy spells or migraine   | <input checked="" type="checkbox"/>   |   |             |
| 8 History of mental illness, depression anxiety  | <input checked="" type="checkbox"/>   |   |             |
| 9 Diabetes, thyroid disease  | <input checked="" type="checkbox"/>   |   |             |
| 10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia  | <input checked="" type="checkbox"/>   |   |             |
| 11 Any history of accidents or fractures   | <input checked="" type="checkbox"/>   |   |             |
| 12 Have you had any serious allergies  | <input checked="" type="checkbox"/>   |   |             |
| 13 Do any dependants have a significant ongoing illness?   | <input checked="" type="checkbox"/>   |   |             |
| 14 Any family history of cancers   | <input checked="" type="checkbox"/>   |   |             |
| Do you take any regular medicines, or have you taken in the past?  | <input checked="" type="checkbox"/>   |   |             |
| Do you smoke? If yes, what and how much each day?  | <input checked="" type="checkbox"/>   |   |             |
| Do you drink alcohol? If yes, what is your average weekly intake?  | <input checked="" type="checkbox"/>   |   |             |
| Have you ever taken illicit/recreational drugs?  | <input checked="" type="checkbox"/>   |   |             |
| Are you doing regular sports or physical activities?   | <input checked="" type="checkbox"/>   |   |             |
| <b>STATEMENT:</b> 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: <b>18/12/25</b>  | 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<br>Cm | WEIGHT<br>kg | BMI  | B.P.   | PULSE    | HEARING    | VISION   | Colour<br>Vision | Blood<br>Group |
|--------------|--------------|------|--------|----------|------------|--|------------------|----------------|
| 181          | 104          | 31.7 | 140/85 | 88 mins. | L N<br>R N | DISTANT<br>R L R L<br>Uncorrected N N N N<br>Corrected N N N N |                  | Bve.           |

| N | A | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | N | A                                |
|---|---|---|---|----------------------------------|
| N |   | 1. Urinalysis                               | N |                                  |
| N |   | 2. Hb, Blood count, ESR                     |   |                                  |
| N |   | 3. LFT, RFT, RBS                            |   |                                  |
|   |   | 4. Drug Screen                              | N |                                  |
|   | A | 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.)

*Mild dyslipidaemia - BMI obesity I  
Lifestyle modification - weight reduction - increased physical activity*

ASSESSMENT:

FIT ALL AREAS     FIT WITH RESTRICTION     TEMPORARY UNFIT     UNFIT

Date: \_\_\_\_\_ Name (Block Capitals): Dr. *Al Ghassah*

Signature:

REVIEW/CONSULTATION

Date: \_\_\_\_\_ Name (Block Capitals): Dr. \_\_\_\_\_

Signature: \_\_\_\_\_





|                                    |                      |
|------------------------------------|----------------------|
| Employee Data                      | DATE 18/05/25        |
| NAME: BILAL SHADZAD ZAFAR<br>ABDAS | 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   | • 1              |
| Watching TV   | • 0              |
| Sitting inactive in a public place (e.g., a theater or a meeting) | • 1              |
| 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 =

6

#### 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                            | 18/05/25                 |
| Last Name                        |                          | First Name                      | Bilawal Shabzad          |
| I.D No.                          | Age                      | Occupation                      | Driver                   |
| Type of Medical Evaluation       |                          | Mark those applying             |                          |
| A1 Aircraft refueling            | <input type="checkbox"/> | A6 Emergency response team work | <input type="checkbox"/> |
| A2 Breathing apparatus           | <input type="checkbox"/> | A7 Professional driving         | <input type="checkbox"/> |
| A3 Business traveler             | <input type="checkbox"/> | A8 Remote location work         | <input type="checkbox"/> |
| A4 Catering and food preparation | <input type="checkbox"/> | A9 Transfers- group A country   | <input type="checkbox"/> |
| A5 Crane or forklift driving     | <input type="checkbox"/> | A10 Transfers-group B country   | <input type="checkbox"/> |

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   |  |
| 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 <input type="checkbox"/> 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 | 18/05/2025 | Signature |  | Print Name |  |
|------|------------|-----------|--|------------|--|







**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:   | 25008444                    | Invoice No: | 39339                    |
| Patient Name:  | BILAWAL SHAHZAD ZAFAR ABBAS | SID No:     | Bill#19183               |
| Date of Birth: | 1992-02-02                  | Date:       | 18/05/2025 07:48:30      |
| Age / Gender:  | 33y 3m 16d / Male           | Payer Name: | TRUCK OMAN               |
| ID Card No:    | 101338417                   | Doctor:     | Dr. Ali Mohammad Ghassah |
| Address:       |                             |             |                          |
| Nationality:   | Pakistan                    |             |                          |
| Mobile No:     | 94305712                    |             |                          |

| Sl.No. | Description                        | Code | Qty | Gross  | Disc  | Vat% | Vat   | Net Amount |
|--------|------------------------------------|------|-----|--------|-------|------|-------|------------|
| 1      | PDO FITNESS TO WORK (up to 40 yrs) |      | 1   | 24.000 | 0.000 |      | 0.000 | 24.000     |

Bill Amount: 24.000  
Tax Amount: 0.000  
Discount: 0.000  
Net Amount: 24.000

Balance amount to be paid by patient: 24.000

Total Paid 0.0 Balance to be Paid (Patient) 0.0 Balance to be Paid (TRUCK OMAN) 24.000

Total Amount in Words: Twenty-Four Rial Only

Invoiced By: Yasmin Alnabhani

Payment Details:

| Receipt Date        | Receipt No | Amount | Pay Mode |
|---------------------|------------|--------|----------|
| 18/05/2025 07:48:30 | 041491     | 0.0    |          |

2025-05-18 07:48:40

\*\*End of Report\*\*



**Al Nile Hospital**  
**مستشفى النيل**

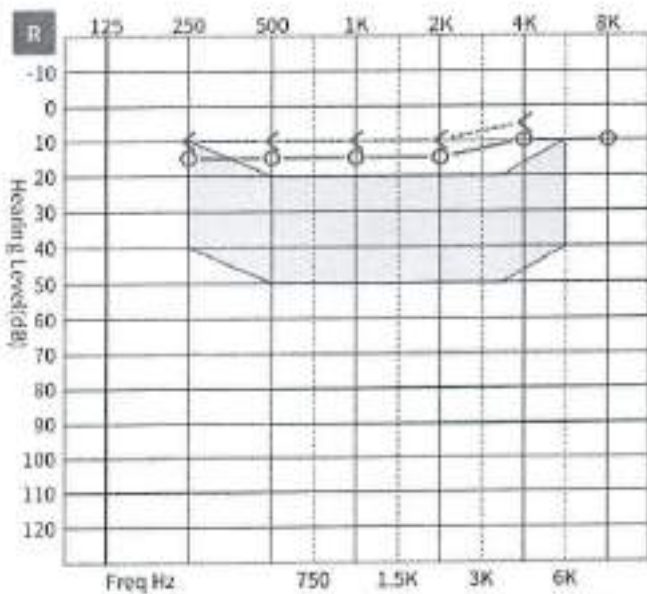
## PTA Test Report

ID:101338417

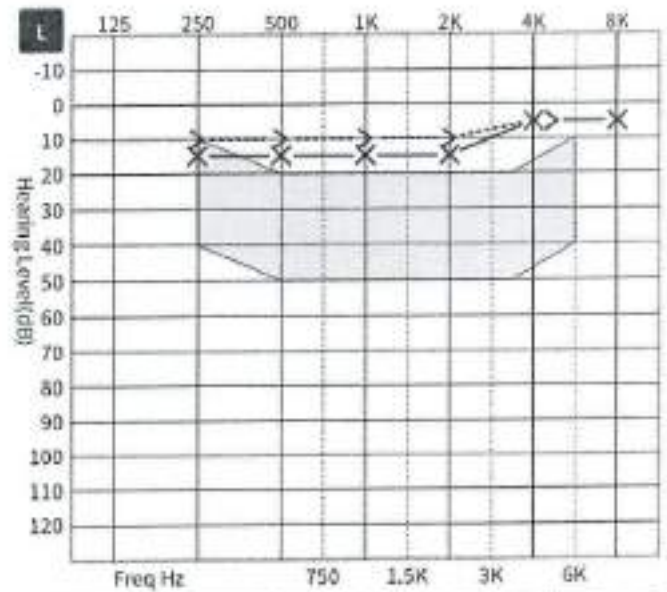
Name:MR. BILAWAL SHAHZAD ZAFAR ABBAS

Gender:Male

Age:33Y



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



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

Test Result:

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



Test Date:2025-05-17 21:38

Printing Date:2025-05-17 21:40

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



## Lab Report

|                    |                             |                         |                     |
|--------------------|-----------------------------|-------------------------|---------------------|
| Patient Name:      | BILAWAL SHAHZAD ZAFAR ABBAS | Date:                   | 18/05/2025 08:46:18 |
| File No:           | 25008444                    | Age/Gender:             | 33y 3m 16d / M      |
| Payer Name:        |                             | Sid No:                 | 811#19183           |
| Insurance Card No: | --                          | Collection Date & Time: | 18/05/2025 07:57:28 |
| Doctor:            | Dr. Ali Mohammad Ghassah    | Received Date & Time:   | 18/05/2025 08:46:18 |
| Billing Time:      | 18/05/2025 07:48:30         | Reported Date & Time:   | 18/05/2025 09:03:14 |
|                    | Mobile: 94305712            | Id Card No.:            | 101338417           |

| Test Name                   | Result                | Biological Reference  |
|-----------------------------|-----------------------|-----------------------|
| <b>Complete Blood Count</b> |                       |                       |
| Haemoglobin                 | 15.2 mg/dl            | 13.0 - 18.0           |
| Total leucocyte count       | 10,070.0 Cells / Cumm | 3,999.0 - 11,000.0    |
| <b>Differential count</b>   |                       |                       |
| Neutrophil                  | 62.2 %                | 40.0 - 75.0           |
| Lymphocytes                 | 32.1 %                | 15.0 - 45.0           |
| Eosinophils                 | 1.3 %                 | 1.0 - 6.0             |
| Monocyte                    | 3.9 %                 | 2.0 - 8.0             |
| Basophils                   | 0.3 %                 | < 10.0                |
| Packed cell volum           | 47.3 %                | + 54.0                |
| RBC count                   | 5.36 millions/mm      | 4.5 - 5.5             |
| MCV                         | 88.2 fl               | 81.8 - 95.5           |
| MCH                         | 28.3 pg               | 27.0 - 32.3           |
| MCHC                        | 32.1 g/dl             | 32.4 - 35.0           |
| Platelet count              | 294,000.0 Cu/mm       | 150,000.0 - 400,000.0 |
| RDW-CV                      | 13.9 %                | 11.0 - 16.0           |
| RDW-SD                      | 44.6 fl               | 35.0 - 56.0           |
| ESR(AUTOMATED)              | 4.0 mm/hr             | < 15.0                |
| UREA                        | 26.7 mg/dl            | 15.0 - 45.0           |
| CREATININE                  | 1.09 mg/dl            | 0.7 - 1.4             |
| URIC ACID                   | 5.2 mg/dl             | 3.4 - 7.0             |

### URINE ANALYSIS

|                  |        |   |
|------------------|--------|---|
| Color            | Yellow | - |
| Transparency     | Clear  | - |
| Specific Gravity | 1.03   | - |
| PH               | Acidic | - |
| Glucose          | NIL    | - |
| Acetone          | NIL    | - |
| Bilirubin        | NIL    | - |
| Blood            | NIL    | - |
| Urobilinogen     | NIL    | - |
| Protein          | NIL    | - |
| Nitrate          | NIL    | - |



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

| Test Name                | Result      | Biological Reference |
|--------------------------|-------------|----------------------|
| Leukocyte                | NIL         | -                    |
| Pus cells                | 2-4         | -                    |
| Erythrocytes             | 1-3         | -                    |
| Squamous Epithelial Cell | FEW         | -                    |
| Crystal                  | NIL         | -                    |
| Cast                     | NIL         | -                    |
| Bacteria                 | NIL         | -                    |
| Others                   | NIL         | -                    |
| CHOLESTEROL              | 188.1 mg/dl | < 200.0              |
| TRIGLYCERIDE             | 197.1 mg/dl | 40.0-160.0           |
| HDL CHOLESTEROL          | 36.92 mg/dl | 40.0-60.0            |
| LDL CHOLESTEROL          | 112.0 mg/dl | < 150.0              |
| TOTAL PROTEIN            | 7.9 g/dl    | 6.6-8.7              |
| ALBUMIN                  | 4.7 g/dl    | 3.5-5.2              |
| BILIRUBIN TOTAL          | 0.818 mg/dl | < 1.1                |
| SGOT                     | 30.1 U/L    | < 40.0               |
| SGPT                     | 48.5 U/L    | < 41.0               |
| ALKALINE PHOSPHATASE     | 80.0 U/L    | 35.0-104.0           |
| BLOOD SUGAR FASTING      | 5.05 mmol/m | 3.3-6.1              |

2025-05-18 09:41:55  
\*\*End of Report\*\*



Technician: Hajar Mohammed  
Hussin Mousa  
License No: 9245

2025-05-18 09:13:22

Name : BILAWAL SHAHZAD

Sex : Male Age : 33

Section : Dr Ali

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

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

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

Operator: ANU M

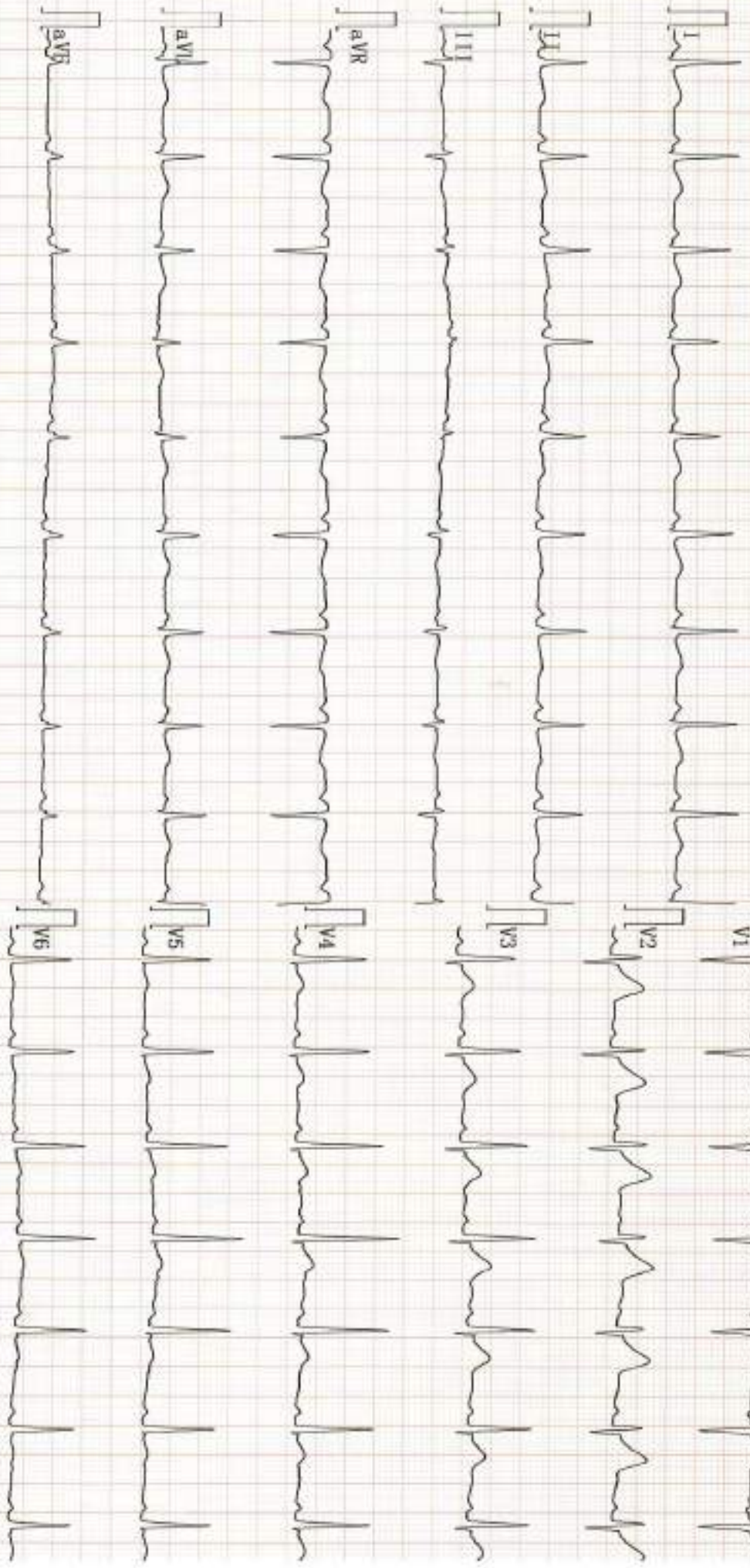
Normal Sinus Rhythm,  
Longitudinal Left axis deviation,  
II aVF V5 V6 Abnormal T wave.

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

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

AUTO 10mm/mV

10mm/mV



25mm/s ACS50Hz+EMC30Hz

Best PCG FITNESS TO WORK (up 1)

Name: BILAWAL SHAHZAD ZAFAR

File No: 2500844 Age: Sex: 33 (M) / M

Date: 2025-05-18 Specimen ID: 19183



2025-05-18 09:12:34

Name : BILAWAL SHAHZAD

Sex : Male Age : 33

Section: Dr ALI

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

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

Operator: ANU M

Normal Sinus Rhythm:

Longitudinal Left axis deviation;

II aVF V4 V5 V6 Abnormal T wave;

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

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

AUTO 10mm/mV

10mm/mV

