



Medical Fitness Certificate

Name of the Examined : Mr. MAHMUD ALI ALI
Age : 46yrs/M
ID Number : 104091204
Date of medical Examination: 27/01/2025
Examining physician : DR. ALI MUHAMMAD GHASSAH
Medical centre : AL NILE MEDICAL CENTER

Assessment Results

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 geo market health 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 Geo market 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

he had Dyslipidemia, mild Smoker, obese, long sitting during driving
no physical activity / so he need ALP treatment, weight loss
Stop Smoking increased physical activity

Examining physician stamp and signature

Hospital/ Clinic seal




CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med - check History form		Name: <u>MR. MAH</u>	Name: SCHLUMBERGER FITNESS TO WORK Patient Name: MAHMUD ALI File No: 25000509 Age/Sex: 45(Y) / M Date: 2025-01-27 Specimen ID: 744 		
GIN: _____		Mobile: <u>90334634</u>			
Place of examination <u>AKNILE MEDICAL COMPLEX</u>	Date <u>27/1/25</u>	driver			
Age: <u>46ys</u>	Nationality: <u>INDIAN</u>	Blood Group	<u>A+ positive</u>		
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced	Number Of Children: <u>4</u>			
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? <u>6 Cigarettes/day</u>			AVERAGE DAILY ALCOHOL CONSUMPTION <u>N</u>		
HAVE YOU EVER TAKEN ILICIT DRUGS? <u>No</u>					
FAMILY HISTORY: DIABETES () TUBERCULOSIS () EPILEPSY () ASTHMA () ECZEMA () HEART DISEASE () HIGH BLOOD PRESSURE () STROKE () BLOOD DISEASE () CANCER ()					
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: <u>27/1/25</u>					
SIGNATURE OF APPLICANT: <u>MAHMUD ALI</u>					





VISUAL FIELDS:	Normal	COLOR VISION:	Normal
SPEECH:	Normal	SHISPER TEST:	Normal
NEAR VISION RIGHT EYE:	6/6	NEAR VISION LEFT EYE:	6/6
DISTANT VISION LEFT EYE:	6/6	DISTANT VISION RIHT EYE:	6/6

HEIGHT: 168cm WEIGHT: 100kg BMI: 35 BP: 128/70 PULSE: 70

BODY SYSTEM / ORGAN	N	A	ABNORMALITY IF ANY
EYES AND PUPILS	N		
EAR/ NOSE/ THROAT	N		
TEETH AND MOUTH	N		
LUNGS AND CHEST	N		
CARDIOVASCULAR	N		
ABDOMEN		A	Truncal obesity
HERNIAL ORIFICES	N		
ANUS AND RECTUM	N		
GENITO - URINARY	N		
EXTREMITIES	N		
MUSCULOSKELETAL	N		
SKIN / VARICOSE VIENS	N		
NEUROLOGICAL	N		
MENTAL FITNESS	N		
BREAST	N		



Name: SCHLUMBERGER FITNESS TO WORK
 Patient Name: MAHMUD ALI
 File No: 25000509 Age/Sex: 46 (Y) / M
 Date: 2025-03-27 Specimen ID: 744



CONFIDENTIAL MEDICAL

BE COMPLETED BY THE EXAMINING PHYSICIAN

NAME: MR. MAHMUD ALI	AGE	SEX	COMPANY	GIN
	46y	M		

PAST MEDICAL HISTORY mild smoker, appendectomy 15 y ago	BLOOD GROUP A +ve
ALLERGIES:	
VACCINATION	DATE OF INITIAL INJECTION
HEPATITIS A	BOOSTER DUE DATE
HEPATITIS B	
TYPHOID FEVER	
INFLUENZA	

TESTS RESULTS
AUDIOGRAM:
OSU 5 PANEL

ECG
CHEST X-RAY

BLOOD INVESTIGATIONS					
RBCS	5.8	4.20-6.30*10 ⁶ /UL	SGOT	16.4	MALE:10-50 FEMALE:10-35U/L
WBCS	6970	4.0-11.0*10 ³ /UL	SGPT	23	MALE:UP TO 41 FEMALE:10-35U/L
NEUTRO	43%	37-72%	GGT	37	0-50/U/L
EOSINO	2%	0-6%	FBS:	4.59	60-110 MG/DL
BASO	0.3	0-1%	CHOLESTEROL	215	UP TO 200 MG/DL
LYMPHO	46%	10-58%	HDL	41.2	20-60 MG/DL
MONO	7.1	0-14%	LDL	116	UP TO 130 MG/DL
HEMATOCRIT	49	37-51%	TRIGLYCERIDES	292	35-175 MG/DL
HEMOGLOBIN	16.5	MALE:13.5-18.0 FEMALE:11.5-16.0G/DL	CREATININE	1.29	MALE:0.7-1.2 MG/DL FEMALE:0.5-0.9MG/DL
ESR	1	MALE:0-10 MM/HR FEMALE:0-20 MM/HR	URIC ACID	4.2	MALE:3.6-7.7 MG/DL FEMALE:2.5-6.8 MG/DL

URINE ANALYSIS			
BLOOD	N	SUGAR	N
ALBUMIN	N	OTHERS	N
STOOL ANALYSIS			
PARASITES	N	BLOOD	N

COMMENTS Framingham risk score 12.9% / ALP need diet, weight loss, increase exercise

EXAMINING PHYSICIAN

Bmi 35
obese class II

Signature of Examining Physician





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

Patient Name: MAHMUD ALI ALI	Date: 27/01/2025 11:59:26
File No: 25000509	Age/Gender: 46y 5m 14d / M
Payer Name:--	Nationality: India
Insurance Card No:	ID Card No: 104091204
	Phone: 90334634

Chief Complaints:-

bradycardia, hyperlipidemia, obesity

Patient History:-

the patient works as a driver and has sedentary life style, and is gaining WT, no weather preferences, no hair loss, no drowsiness, he does not have any complains that can be related to his CV system, and claims that his lipid profile was always WNL.

Investigations:-

No.	Internal Code	Name
1		TSH

Conclusion: asymptomatic Bradycardia without risk factors or red flags, normal Thyroid function test, obesity and hyperlipidemia: advised for WT reduction and Diet modification, no need for cholesterol lowering Therapy now. **End of Report**

Dr. Bassel Ali Al Ratel

Licence Number:

19770

2025-01-27 13:54:32

Review after 2 months to evaluate the progression.



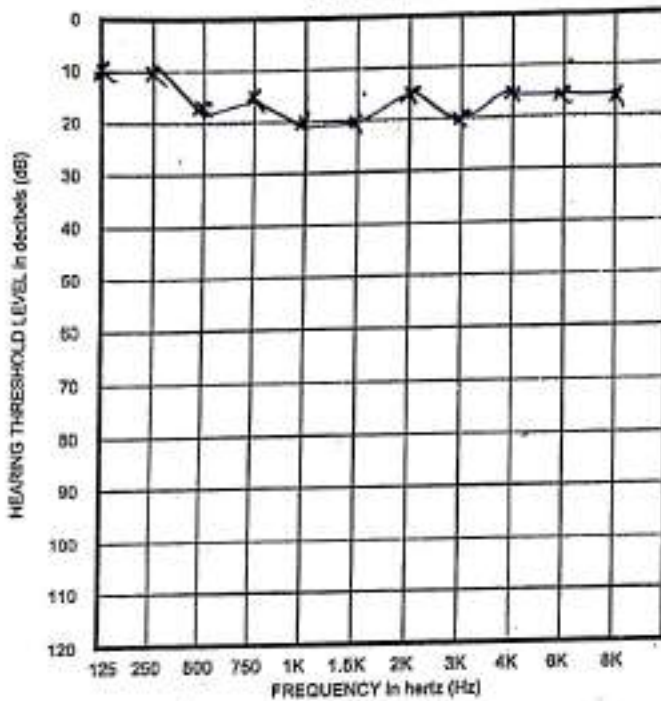


Patient Id :
Name :
Consultant :

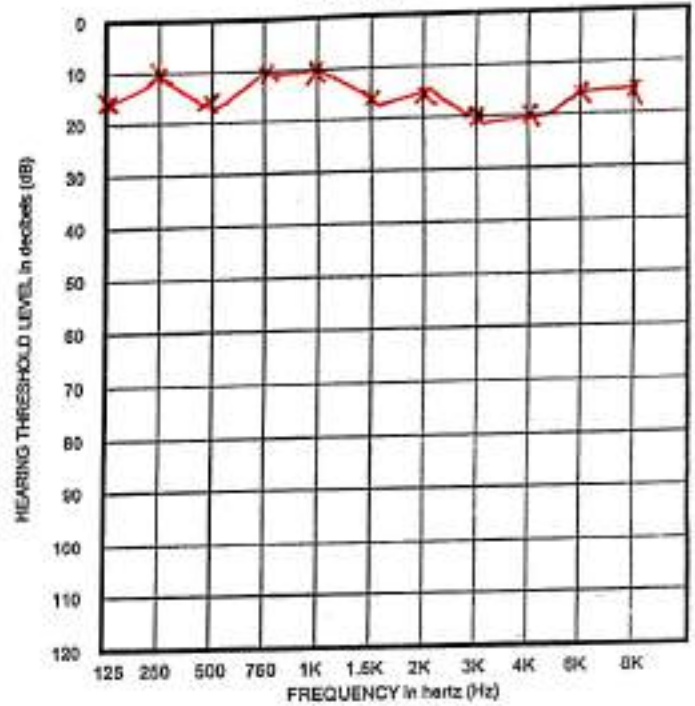
Name: SCHLUMBERGER FITNESS TO
WORK
Patient Name: MAHMUD ALI
File No: 25000509 Age/Sex: 46 (Y) / M
Date: 2025-01-27 Specimen ID: 744

Age / Gender : 46.Yrs.
Report Date : 24/01/25

LEFT EAR



RIGHT EAR



PURE TONE AVERAGE (500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

Provisional Diagnosis: Bilateral Hearing Sensitivity is
with in normal limit.



Signature Audiologist



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

Patient Name:	MAHMUD ALI ALI	Date:	27/01/2025 09:03:37
File No:	25000509	Age/Gender: 46y 5m 14d / M	Sid No: Bill#744
Payer Name:		Collection Date & Time:	27/01/2025 09:01:50
Insurance Card No:	--	Received Date & Time:	27/01/2025 09:03:37
Doctor:		Reported Date & Time:	27/01/2025 09:15:23
Billing Time:	27/01/2025 07:59:12	Mobile: 90334634	Id Card No.: 104091204

Test Name	Result	Biological Reference
ESR(AUTOMATED)	1.0 mm/hr	< 15.0
Physical		
Color	Brownish	-
Consistency	Semi Formed	-
Occult Blood	NEGATIVE	-
Microscopic		
Pus Cells	1-3	-
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	-
URINE ANALYSIS		



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Test Name	Result	Biological Reference
Color	Yellow	-
Transparency	Clear	-
Specific Gravity	1.03	-
PH	Acidic	-
Glucose	nil	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	nil	-
Urobilinogen	nil	-
Protein	nil	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	2-3	-
Erythrocytes	1-2	-
Squamous Epithelial Cell	nil	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-
Complete Blood Count		
Haemoglobin	16.5 mg/dl	13.0-18.0
Total leucocyte count	6,970.0 Cells / Cumm	3,999.0-11,000.0
Differential count		
Neutrophil	43.7 %	40.0-75.0
Lymphocytes	46.8 %	15.0-45.0



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Test Name	Result	Biological Reference
Eosinophils	2.0 %	1.0-6.0
Monocyte	7.1 %	2.0-8.0
Basophils	0.3 %	< 10.0
Packed cell volum	49.6 %	< 54.0
RBC count	5.88 millions/mm	4.5-5.5
MCV	84.3 fl	81.8-95.5
MCH	28.0 pg	27.0-32.3
MCHC	33.3 g/dl	32.4-35.0
Platelet count	254,000.0 Cumm	150,000.0-400,000.0
RDW-CV	14.1 %	11.0-16.0
RDW-SD	43.0 fl	35.0-56.0
TRIGLYCERIDE	292.8 mg/dl	40.0-160.0
Gamma-Glutamyltransferase (GGT)	37.0 U/L	5.0-63.0
BLOOD SUGAR FASTING	4.59	-
URIC ACID	4.2 mg/dl	3.4-7.0
SGPT	23.0 U/L	< 41.0
LDL CHOLESTEROL	116.0 mg/dl	< 150.0
HDL CHOLESTEROL	41.21 mg/dl	40.0-60.0
SGOT	16.4 U/L	< 40.0
CREATININE	1.29 mg/dl	0.7-1.4
CHOLESTEROL	215.5 mg/dl	< 0.0
Blood Group	A	-
Rh Typing	POSITIVE	-

Hajar Mohammed Hussin Mousa



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2025-01-27 13:19:59

****End of Report****

Patient ID: 25000509

Name: MR. MAHMUD ALI ALI

Age / Gender: 47 / M

Consultant: Dr. ALI MOHAMMAD GHASSAH

Report Date: 27/01/2025

CHEST X-RAY - PA VIEW

- ❖ Both lungs are clear with no pleural effusion or pneumothorax
- ❖ Both hila are normal in size and density
- ❖ Normal cardio pericardial silhouette.
- ❖ Bones in view are unremarkable

Impression

Normal chest x-ray



Dr. Badriya Al-Qassabi
Consultant Radiologist
Staff no : 135





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

Patient Name:	MAHMUD ALI ALI		Date:	27/01/2025 12:30:01
File No:	25000509	Age/Gender: 46y 5m 14d / M	Sid No:	Bill#807
Payer Name:			Collection Date & Time:	27/01/2025 12:24:18
Insurance Card No:	--		Received Date & Time:	27/01/2025 12:30:01
Doctor:	Dr. Bassel Ali Al Ratel		Reported Date & Time:	27/01/2025 13:37:25
Billing Time:	27/01/2025 11:59:29	Mobile: 90334634	Id Card No.:	104091204

Test Name	Result	Biological Reference
TSH	2.74 mIU/ml	0.27 - 4.2

Hajar Mohammed Hussin Mousa

2025-01-27 13:38:42

****End of Report****

2025-01-27 09:16:26

Name : MAHMUD ALI

Sex : Male Age : 46

Section: EAREA

RoomID: _____

BedID: _____

ID: _____

Operator: DAINY

Custom2: _____

Name: SCHLUMBERGER FITNESS TO

WORK

Patient Name: MAHMUD ALI

File No: 25000509 Age/Sex: 46 (Y) / M

Date: 2025-01-27 Specimen ID: 744

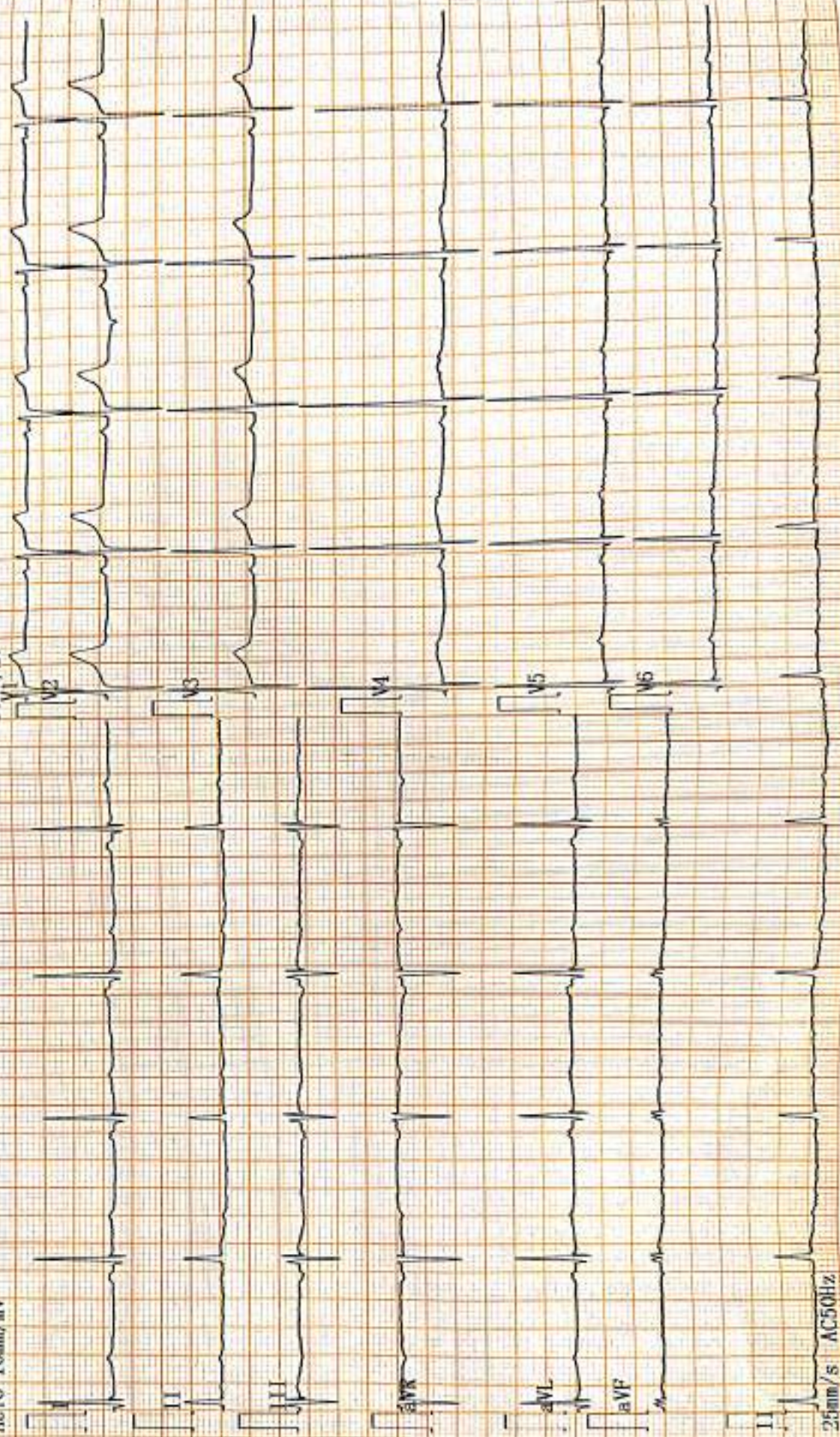
Longitudinal Left axis deviation;
I II aVL aVF V4 V5 V6 Abnormal T wave

Report need physician confirm

Physician: _____

AUTO 10mm/mV

10mm/mV



25mm/s AC50Hz