Alnile Hospital
مستشفى النيل

Medical Fitness Certificate

Name ; Mr. MOHD NAWAZ ABDUL RAUF
Age : 34Y/M
ID Number : 110881605
Date of medical Examination: 19/07/2025
Examining physician : DR. ALI GHASSAH

Assessment Result

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 of 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

Examining physician stamp and signature

Hospital Stamp

AL NILE HOSPITAL

Schlumberger

CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med – check History form		Name:	MOHD NAWAZ ABDULRAUF
		GIN:	
Place of examination: AL NILE HOSPITAL	Date: 17/7/2025	Mobile: 95225656	
Age: 34 YEARS	Nationality: INDIAN	Blood Group	B POSITIVE
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated / Divorced	Number Of Children:	2

Do You Have You Had: (Tick "Yes " or "No " column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1-SINUS TROUBLE		✓	21- CANCER		✓	HAVE YOU EVER BEEN :-		
2- NECK SWELLING / GLANDS		✓	22- HEART DISEASE		✓	40- REJECTED FOR EMPLOYMENT OR INSURANCE FOR MEDICAL REASONS		✓
3-DIFFICULTY IN VISION	✓		23- RHEUMATIC FEVER		✓			
4- ANY EAR DISCHARGE		✓	24- ABNORMAL HEARTBEAT		✓	41- AWARDED BENEFITS FOR INDUSTRIAL INJURY / ILLNESS		✓
5-ASHMA / BRONCHITIS		✓	25- HIGH BLOOD PRESSURE		✓			
6- HAYFEVER / OTHER SIGNIFICANT ALLERGY		✓	26- STROKE		✓	42- TREATED FOR A MENTAL CONDITION , DEPRESSION		✓
7-ANY SKIN TROUBLE		✓	27- SERIOUS CHEST PAIN		✓			
8- TUERCULOSIS		✓	28-ANY BLOOD DISEASE		✓	43- TREATED FOR PROBLEM DRINKING OR DRUG ABUSE		✓
9- SHORTNESS OF BREATH		✓	29- KIDNEY DISEASE		✓			
10 – COUGHED / VOMITED BLOOD		✓	30 – BLOOD IN URINE		✓	44-EXPOSED TO TOXIC SUBSTANCE OR NOISE		✓
11-SEVERE ABDOMINAL PAIN		✓	31- DIABETES		✓			
12- STOMACH ULCER		✓	32-HEADACHES / MIGRAINE		✓	FOR WOMEN ONLY HAVE YOU EVER HAD:-		
13-RECURRENT INDIGESTION		✓	33-DIZZINESS / FAINTING		✓			
14-JAUNDICE OR HEPATITIS		✓	34- EPILEPSY		✓	45- AN ABNORMAL SMEAR		
15 – GALL BLADDER DISEASE		✓	35- JOINTS / SPINAL TROUBLE		✓	46- ANY GYNAECOLOGICAL TREATMENT		
16- MARKED CHANGE IN BOWEL HABITS		✓	36-SURGICAL OPERATION		✓			
17- BLOOD IN STOOLS (MOTIONS)		✓	37-SERIOUS ACCIDENT / FRACTURE		✓	47- ARE YOU PREGNANT?		
18 – MARKED CHANGE IN WEIGHT		✓	38- TROPICAL DISEASE		✓	48-HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19 -VARICOSE VEINS		✓	39- FEAR OF HEIGHTS		✓			
20 – LUMP IN BREAST / ARMPIT		✓						

HOW MUCH TOBACCO EACH DAY? NIL — AVERAGE DAILY ALCOHOL CONSUMPTION NIL

HAVE YOU EVER TAKEN ELICITED DRUGS ?( ) NIL

FAMILY HISTORY: DIABETES ( ) TUBERCULOSIS ( ) EPILEPSY ( ) ASTHMA ( ) ECZEMA ( ) HEART DISEASE( ) HIGH BLOOD PRESSURE ( ) STROKE ( ) BLOOD DISEASE ( ) CANCER ( ) NO

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 : 17/7/2025

SIGNATURE OF APPLICANT :

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VISUAL FIEIDS:	normal	COLOR VISION:	
SPEECH:	normal	SHISPER TEST:	
NEAR VISION RIGHT EYE:	Spectacles	NEAR VISION LEFT EYE:	spectacles
DISTANT VISION LEFT EYE:		DISTANT VISION RIHT EYE:	

HEIGHT: 170.5 cm	WEIGHT: 79. kg	BMI: 25.46	BP: 120/80	PULSE: 90/mt

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	N		
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		

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CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

NAME : MOHD NAWAZ	AGE 34Y	SEX M	COMPANY	GIN

PAST MEDICAL HISTORY	BLOOD GROUP
NO	B POSITIVE
ALLERGIES: NO	

VACCINATION		DATE OF INITIAL INJECTION	BOOSTER DUE DATE
HEPATITIS A			
HEPATITIS B			
TYPHOID FEVER			
INFLUENZA			

TESTS RESULTS	
AUDIOGRAM :	Normal
DSU 5 PANEL	

ECG	Normal
CHEST X -RAY	Normal

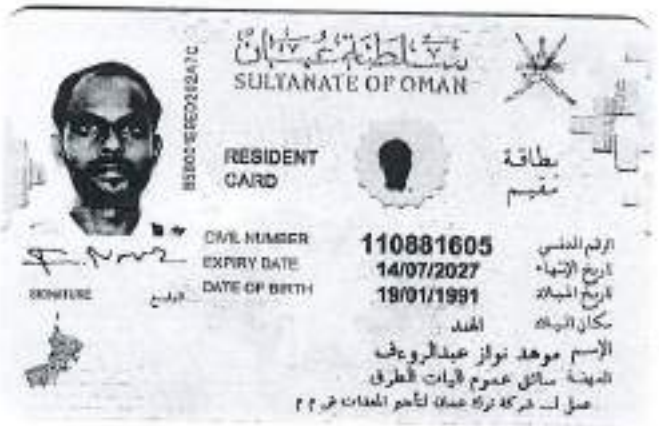
BLOOD INVESTIGATIONS					
RBCS	5,3	4.20-6.30*10*6/UL	SGOT	19	MALE:10-50 FEMALE :10-35U/L
WBCS	10,8	4.0-11.0*10*3/UL	SGPT	23	MALE:UP TO 41 FEMALE :10-35U/L
NEUTRO	54 %	37-72%	GGT	12	0-50/UL
EOSINO	10,9 %	0-6%	FBS:	4,8	60-110 MG/DI
BASO	0,4 %	0-1%	CHOLESTEROL	140	UP TO 200 MG/DI
LYMPHO	29,6 %	10-58%	HDL	36,2	20-60 MG/DI
MONO	4,4 %	0-14%	LDL	87	UP TO 130 MG/DI
HEMATOCRIT	47 %	37-51%	TRIGLYCERIDES	85,5	35-175 MG /DI
HEMOGLOBIN	15,6	MALE:13.5-18.0 FEMALE:11.5-16.0G/DI	CREATININE	1,2	MALE:0.7-1.2 MG/DI FEMALE :0.5-0.9MG/DI
ESR	3	MALE: 0-10 MM/HR FEMALE :0-20 MM/HR	URIC ACID	4,1	MALE:3.6-7.7 MG /DI FEMALE :2.5-6.8 MG /DI

URINE ANALYSIS			
BLOOD	NO	SUGAR	NO
ALBUMIN	NO	OTHERS	NO
STOOL ANALYSIS			
PARASITES	NO	BLOOD	NO

COMMENTS	

EXAMINING PHYSICIAN

AL NILE HOSPITAL


سلطنة عمان
SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
CIVIL NUMBER 110881605
EXPIRY DATE 14/07/2027
DATE OF BIRTH 19/01/1991
SIGNATURE
الرقم المدني
تاريخ الانتهاء
تاريخ الميلاد
مكان الميلاد الهند
الإسم موهد نواز عبدالروءف
المهنة سائق عموم آليات الطرق
عمل لـ شركة نزاك عمان لتأجير المعدات ش م م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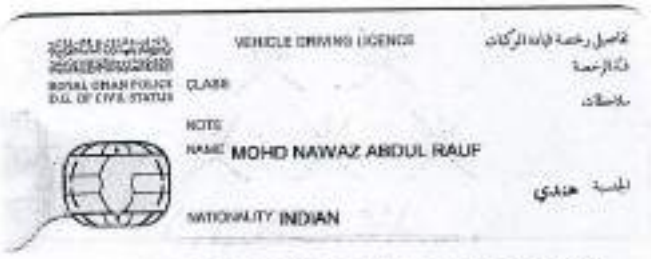

ROYAL OMAN POLICE
D.G. OF CIVIL STATUS
VEHICLE DRIVING LICENCE
تفاصيل رخصة قيادة المركبات
CLASS
NOTE
NAME MOHD NAWAZ ABDUL RAUF
الجنسية هندي
NATIONALITY INDIAN

IDOMN1108816058<<<<<<<<<<<<<<<
9101195M2707141IND<<<<<<<<<<<2
MOHD<NAWAZ<ABDUL<RAUF<<<<<<<<<

AL NILE MEDICAL CENTER

2025-07-17 09:25:46
Name :MUHAMMED NAWAZ
Sex :Male Age :0
Section: DR. ALI
RoomID:
BedID:
ID:
Operator: MAYA
cbx:

<< Conclusions >>

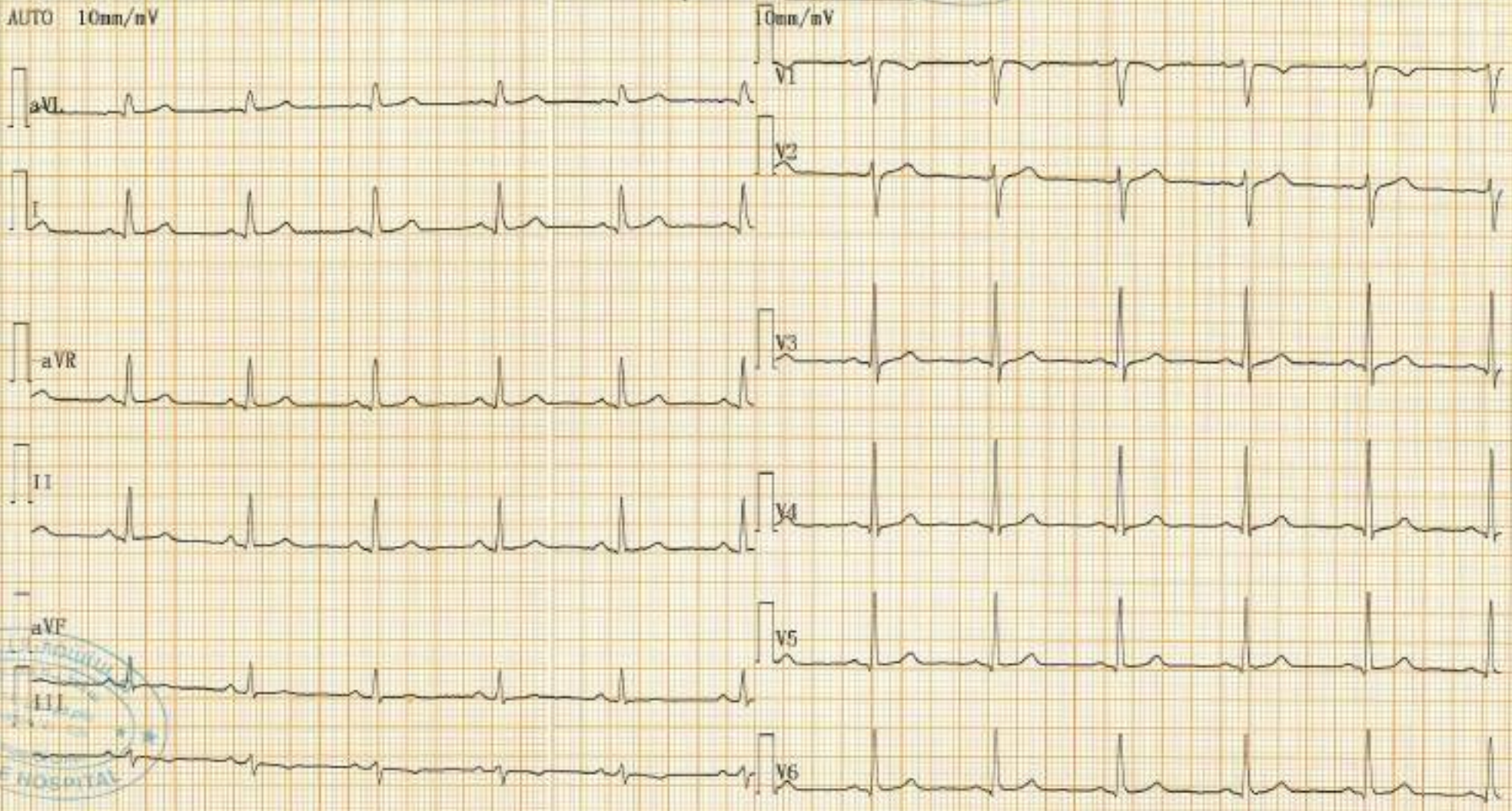
Normal Sinus Rhythm
Longitudinal Left axis deviation

Report need physician confirm

Patient Name: mohd nawaz
File No: 25011932
Age: 34y 5m 28d
Gender : Male
Nationality: India

Physician:

AUTO 10mm/mV



25mm/s AC50Hz+EMG30Hz

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Hospital
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Patient Name: mohd nawaz
File No: 25011932
Age: 34y 5m 28d
Gender : Male
Nationality: India

Patient Name: MOHD NAWAZ
Prof. Dr. Dear Colleague
Date: 17 July 2025
Examination: CHEST XRAY PA VIEW

REPORT

- *Both lung fields are clear with no obvious focal or diffuse parenchymal or interstitial lesion.*
- *Normal appearance of aorta and both broncho-vascular shadows.*
- *Maintained 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 Hospital
Al Nama Al Mutamiza LLC,CR:1128642,P.O.Box 300,Nizwa P.C.611,Sultanate of Oman
+968 25426665 alnile.center@gmil.com

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:	mohd nawaz		**Date:**	17/07/2025 08:39:07
File No:	25011932	**Age/Gender:** 34y 5m 28d / M	**Sid No:**	Bill#28976
Payer Name:			**Collection Date & Time:**	17/07/2025 08:27:52
Insurance Card No:	--		**Received Date & Time:**	17/07/2025 08:39:07
Doctor:	Dr. Ali Mohammad Ghassah		**Reported Date & Time:**	17/07/2025 09:01:45
Billing Time:	17/07/2025 08:24:05	**Mobile:** 95225656	**Id Card No.:**	110881605

Test Name	Result	Biological Reference
Complete Blood Count		
Haemoglobin	15.6 mg/dl	13.0 - 18.0
Total leucocyte count	10,880.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	54.4 %	40.0 - 75.0
Lymphocytes	29.8 %	15.0 - 45.0
Eosinophils	10.9 %	1.0 - 6.0
Monocyte	4.4 %	2.0 - 8.0
Basophils	0.4 %	< 10.0
Packed cell volum	47.1 %	< 54.0
RBC count	5.37 millions/mm	4.5 - 5.5
MCV	87.7 fl	81.8 - 95.5
MCH	29.0 pg	27.0 - 32.3
MCHC	33.1 g /dl	32.4 - 35.0
Platelet count	187,000.0 Cumm	150,000.0 - 400,000.0
RDW-CV	14.1 %	11.0 - 16.0
RDW-SD	45.2 fl	35.0 - 56.0
ESR(AUTOMATED)	3.0 mm/hr	< 15.0
URINE ANALYSIS		
Color	Yellow	-
Transparancy	Clear	-
Specific Gravity	1.015	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bilirlubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-2	-
Erythrocytes	0-2	-

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Test Name	Result	Biological Reference
Sequamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-
BLOOD GROUP	B	-
RH Typing	POSITIVE	-
BLOOD SUGAR FASTING	4.88 mmol/m	3.3-6.1
Gamma-Glutamyltransferase (GGT)	12.0 U/L	5.0-63.0
CHOLESTEROL	140.1 mg/dl	< 200.0
TRIGLYCERIDE	85.5 mg/dl	40.0-160.0
HDL CHOLESTEROL	36.22 mg/dl	40.0-60.0
LDL CHOLESTEROL	87.0 mg/dl	< 150.0
SGPT	23.4 U/L	< 41.0
SGOT	19.0 U/L	< 40.0
CREATININE	1.22 mg/dl	0.7-1.4
URIC ACID	4.1 mg/dl	3.4-7.0

2025-07-17 09:19:13
End of Report

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245

AL NILE HOSPITAL

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Medical Complex
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PH : 25426665, 25426228 \ WHATSAPP:94146648
Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	mohd nawaz		**Date:**	17/07/2025 08:38:48
File No:	25011932	**Age/Gender:** 34y 5m 29d / M	**Sid No:**	Bill#28976
Payer Name:			**Collection Date & Time:**	17/07/2025 08:27:52
Insurance Card No:	--		**Received Date & Time:**	17/07/2025 08:38:48
Doctor:	Dr. Ali Mohammad Ghassah		**Reported Date & Time:**	18/07/2025 08:12:53
Billing Time:	17/07/2025 08:24:05	**Mobile:** 95225656	**Id Card No.:**	110881605

Test Name	Result	Biological Reference
Physical		
Color	Brownish	-
Consistancy	Semi Formed	-
Occult Blood		-
Microscopic		
Pus Cells	1-3	-
RBC Cells	0-2	-
E-Hisolytica	NIL	-
E-Coli	NIL	-
Giardia Lamblia	NIL	-
Taenia Saginata	NIL	-
Taenia Solium	NIL	-
Schistosoma Haematobium	NIL	-
Ascaris Lumbricoides	NIL	-
Trichris Trichiura	NIL	-
Ancylostoma Duodenals	NIL	-
Others	NIL	-

2025-07-18 08:14:44
End of Report

AL NILE HOSPITAL
License No: 624
Sultanate Of Oman

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

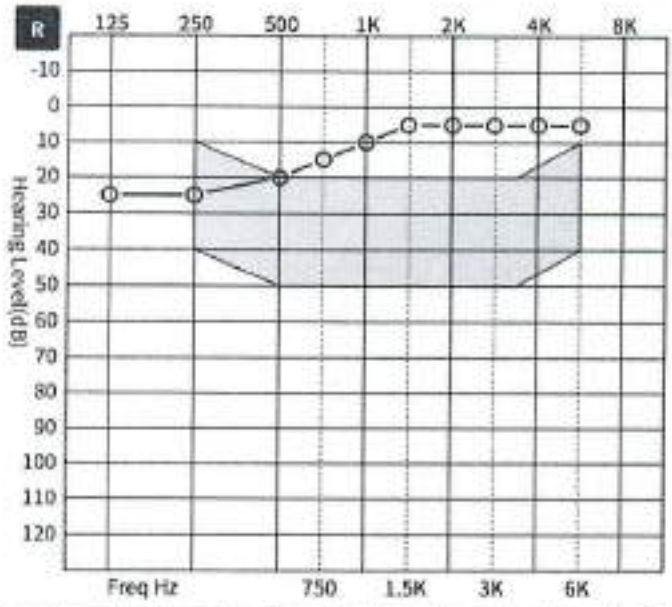
Alnile Hospital
مستشفى النيل

Patient Name: mohd nawaz
File No: 25011932
Age: 34y 5m 28d
Gender : Male
Nationality: India

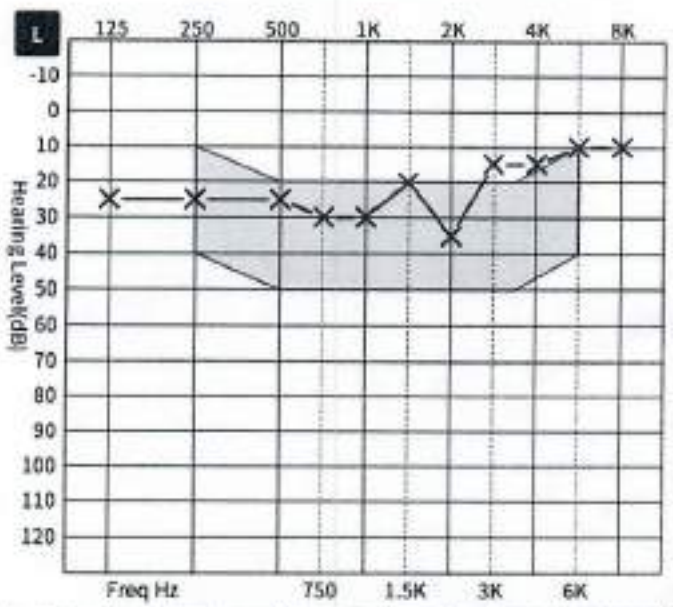
PTA Test Report

ID:25011932 **Name:MOHD NAWAZ**

Gender:Male **Age:34Y**



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	25	20	15	10	5	5	5	5	5	
Bone											



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	25	25	30	30	20	35	15	15	10	10
Bone											

Test Result:

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMIT

الدكتورة / ابتسام بنت حميس السليمية
استشارية أولى الغدد والسكر

Test Date:2025-07-16 22:25 **Printing Date:2025-07-16 22:25** **Examiner:**_____

Melison®