

Medical Fitness Certificate

Name : Mr. MUTRIF HUMAID HAMED AL JUNAIBI
Age : 35Y/M
ID Number : 9761976
Date of medical Examination: 22/06/2025
Examining physician : DR. ISLAM ATEYA

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

↑ lipid - advice change style of life, diet, exercise. given 1 month repeat lipid profile after one month

Examining physician stamp and signature

[Signature]
Dr. Islam Ateya
General Practitioner

Hospital Stamp



CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med - check History form		Name: <u>Mutir Hamad Hamed Al Gusaibi</u>	
		GIN: _____	
Place of examination <u>Al Nile medical complex</u>		Date <u>22/06/25</u>	Mobile: <u>92221280</u>
Age: <u>35</u>	Nationality: <u>Omani</u>	Blood Group	<u>A positive</u>
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced	Number Of Children: <u>2</u>	
Do You Have You Had: (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	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- ASTHMA / 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>0</u>		AVERAGE DAILY ALCOHOL CONSUMPTION
HAVE YOU EVER TAKEN ELICITED DRUGS ? ()			
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 COMPANY'S DOCTORS, AND THE DETAILS SENT TO THEM BY THE EXAMINING DOCTOR.			
DATE: <u>22/06/25</u>			
SIGNATURE OF APPLICANT: _____			



VISUAL FIELDS:	Normal		COLOR VISION:	
SPEECH:	Normal		SHISPER TEST:	
NEAR VISION RIGHT EYE:	Normal		NEAR VISION LEFT EYE:	Normal
DISTANT VISION LEFT EYE:	Normal		DISTANT VISION RIHT EYE:	Normal
HEIGHT: 179cm	WEIGHT: 84kg	BMI: 26	BP: 135/84mmHg	PULSE: 88b/min
BODY SYSTEM / ORGAN	N	A	ABNORMALITY IF ANY	
EYES AND PUPILS	✓			
EAR/ NOSE/ THROAT	✓			
TEETH AND MOUTH	✓			
LUNGS AND CHEST	✓			
CARDIOVASCULAR	✓			
ABDOMEN	✓		old healed surgical scar left lower part / abdomen	
HERNIAL ORIFICES	✓			
ANUS AND RECTUM	✓			
GENITO - URINARY	✓			
EXTREMITIES	✓			
MUSCULOSKELETAL	✓			
SKIN / VARICOSE VIENS	✓			
NEUROLOGICAL	✓			
MENTAL FITNESS	✓			
BREAST	✓			

22.6.2025
 1st year S.R.
 22.6.2025





Patient Id : 21002707
Name : MUTRIF HUMAID HAMED
Consultant : DR Islam Sakr

Age / Gender : 35 / M
Report Date : 22/06/2025

ECG REPORT

- NO ISCHEMIC CHANGES CHEST LEADS
- NORMAL SINUS RYTHME

IMPRESSION : - NORMAL ECG

Dr. Islam Sakr





Al Nile
Medical Complex
مجمع النيل الطبي

Patient Name: MUTRIF HUMAID HAMED AL JUNAIBI
Prof. Dr. Dear Colleague
Date: 22 June 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 aortic 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**



N



Al Nile Hospital
مستشفى النيل

Test: SCHLUMBERGER FITNESS TO W
Name: MUTRIF HUMAID HAMED AL
File No: 21002707 Age/Sex: 35 (Y) / M
Date: 2025-06-22 Specimen ID: 24831

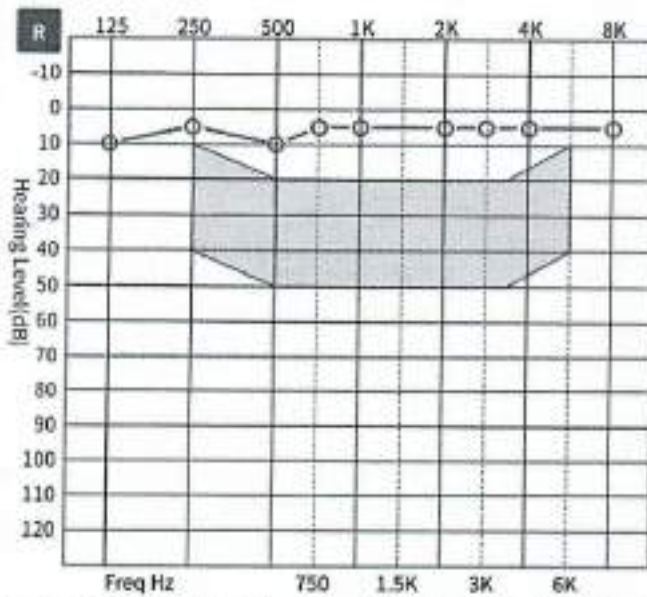
PTA Test Report

ID:21002707

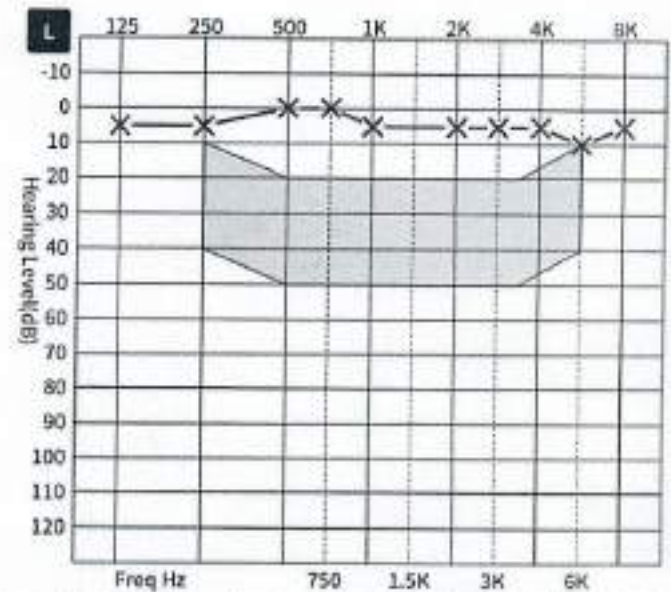
Name: MUTRIF HUMAID

Gender: Male

Age: 35Y



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



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	5	5	0	0	5		5	5	5	10	5
Bone											

Test Result: BILATERAL HEARING SENSITIVITY IS IN NORMAL LIMITS.



Test Date: 2025-06-21 22:09

Printing Date: 2025-06-21 22:09

Examiner: _____



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:96146648

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

Lab Report

Patient Name:	MUTRIF HUMAID HAMED AL JUNAIBI	Date:	22/06/2025 08:50:32
File No:	21002707	Age/Gender:	35y 3m 19d / M
Payer Name:		Sid No:	811#24831
Insurance Card No:	--	Collection Date & Time:	22/06/2025 08:34:54
Doctor:	Dr. Islam Ateya Mohammed Sakr	Received Date & Time:	22/06/2025 08:50:32
Billing Time:	22/06/2025 08:26:45	Reported Date & Time:	22/06/2025 09:39:31
	Mobile: 92221280	Id Card No.:	9761976

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	5.36 mmol/m	3.3-6.1
HDL CHOLESTEROL	73.25 mg/dl	40.0-60.0
CHOLESTEROL	235.2 mg/dl	< 200.0
TRIGLYCERIDE	57.8 mg/dl	40.0-160.0
LDL CHOLESTEROL	150.0 mg/dl	< 150.0
Gamma-Glutamyltransferase (GGT)	13.0 U/L	5.0-63.0
CREATININE	1.16 mg/dl	0.7-1.4
SGPT	33.2 U/L	< 41.0
SGOT	22.1 U/L	< 40.0
URIC ACID	5.3 mg/dl	3.4-7.0
ESR(AUTOMATED)	7.0 mm/hr	< 15.0
BLOOD GROUP	A	-
RH Typing	POSITIVE	-
URINE ANALYSIS		
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	1-3	-
Erythrocytes	1-2	-
Squamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-



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Test Name	Result	Biological Reference
Complete Blood Count		
Haemoglobin	14.6 mg/dl	13.0-18.0
Total leucocyte count	4,990.0 Cells/Cumm	3,999.0-11,000.0
Differential count		
Neutrophil	43.7 %	40.0-75.0
Lymphocytes	39.5 %	15.0-45.0
Eosinophils	7.6 %	1.0-6.0
Monocyte	8.5 %	2.0-8.0
Basophils	0.7 %	< 10.0
Packed cell volum	42.5 %	< 54.0
RBC count	4.77 millions/mm	4.5-5.5
MCV	89.2 fl	81.8-95.5
MCH	30.6 pg	27.0-32.3
MCHC	34.4 g/dl	32.4-35.0
Platelet count	206,000.0 Cumm	150,000.0-400,000.0
RDW-CV	13.6 %	11.0-16.0
RDW-SD	44.1 fl	35.0-56.0

2025-06-22 09:42:25

****End of Report****

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245





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Doctor:	Dr. Islam Ateya Mohammed Salor	Received Date & Time:	22/06/2025 08:50:45
Billing Time:	22/06/2025 08:26:45	Reported Date & Time:	22/06/2025 10:46:33
	Mobile: 92221280	Id Card No.:	9761976

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

2025-06-22 10:47:45

****End of Report****

Technician: Hajar Mohammed
Hussin Mousa
License No: 9245

2025-06-22 09:48:08

Name : MUTRIP HAWAID AL JUNAIBI

Sex : Male Age : 35

Section: DR. ISLAM

RoomID:

BedID:

ID:

Operator: meget

Normal Sinus Rhythm;
Longitudinal left axis deviation;

Report need physician confirm



AUTO 10mm/mV

Physician: _____

10mm/mV

