



# Al Nile Hospital

## مستشفى النيل

Patient Name: RAUF MUHAMMAD  
 MUHAMMAD YAQOOB  
 File No: 25017181  
 Age: 42y 11m 17d  
 Gender: Male  
 Nationality: Pakistan

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname **MUHAMMAD YAQOOB**  
 Forenames **RAUF MUHAMMAD**  
 Address \_\_\_\_\_  
 Home telephone number **72302431**

Place of examination **ALNILE HOSPITAL** Date **21/10/25**

If a dependant, enter employee's name here:  
 Surname \_\_\_\_\_ Forenames \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Nationality: **PAKISTAN** Country of birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Male  Female  Married  Single  Separated / Divorced Relationship to employee:  Wife  Son  Daughter Number of children **3**

Reason for examination: Pre-Employment  Job: **DRIVER**  
 Pre-Overseas  Area: \_\_\_\_\_

Name and address of family doctor: \_\_\_\_\_ List your last 3 jobs:  
 (1) **DRIVER**  
 (2) \_\_\_\_\_

Are you a Registered Disabled Person? (UK only)  Do you belong to any Medical Insurance Scheme?

DO YOU HAVE OR 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		<input checked="" type="checkbox"/>	21 Cancer	<input checked="" type="checkbox"/>		40 Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>
2 Neck swelling/glands		<input checked="" type="checkbox"/>	22 Heart disease	<input checked="" type="checkbox"/>		41 Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
3 Difficulty in vision		<input checked="" type="checkbox"/>	23 Rheumatic fever	<input checked="" type="checkbox"/>		42 Treated for a mental condition, e.g., depression		<input checked="" type="checkbox"/>
4 Any ear discharge		<input checked="" type="checkbox"/>	24 Abnormal heartbeat	<input checked="" type="checkbox"/>		43 Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
5 Asthma/bronchitis		<input checked="" type="checkbox"/>	25 High blood pressure	<input checked="" type="checkbox"/>		44 Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
6 Hay fever / other significant allergy		<input checked="" type="checkbox"/>	26 Stroke	<input checked="" type="checkbox"/>		45 An abnormal smear		
7 Any skin trouble		<input checked="" type="checkbox"/>	27 Serious chest pain	<input checked="" type="checkbox"/>		46 Any gynaecological treatment		
8 Tuberculosis		<input checked="" type="checkbox"/>	28 Any blood disease	<input checked="" type="checkbox"/>		47 Are you pregnant?		
9 Shortness of breath		<input checked="" type="checkbox"/>	29 Kidney disease	<input checked="" type="checkbox"/>		48 HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
10 Coughed/vomited blood		<input checked="" type="checkbox"/>	30 Blood in urine	<input checked="" type="checkbox"/>				
11 Severe abdominal pain		<input checked="" type="checkbox"/>	31 Diabetes	<input checked="" type="checkbox"/>				
12 Stomach ulcer		<input checked="" type="checkbox"/>	32 Headaches/migraine	<input checked="" type="checkbox"/>				
13 Recurrent indigestion		<input checked="" type="checkbox"/>	33 Dizziness/fainting	<input checked="" type="checkbox"/>				
14 Jaundice or hepatitis		<input checked="" type="checkbox"/>	34 Epilepsy	<input checked="" type="checkbox"/>				
15 Gall Bladder disease		<input checked="" type="checkbox"/>	35 Joints/spinal trouble	<input checked="" type="checkbox"/>				
16 Marked change in bowel habits		<input checked="" type="checkbox"/>	36 Surgical operation	<input checked="" type="checkbox"/>				
17 Blood in stools (motions)		<input checked="" type="checkbox"/>	37 Serious accident/fracture	<input checked="" type="checkbox"/>				
18 Marked change in weight		<input checked="" type="checkbox"/>	38 Tropical disease	<input checked="" type="checkbox"/>				
19 Varicose veins		<input checked="" type="checkbox"/>	39 Fear of heights	<input checked="" type="checkbox"/>				
20 Lump in breast/arm/pit		<input checked="" type="checkbox"/>						

How much tobacco each day? **NIL** Average daily alcohol consumption **NIL**

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational 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 declare 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 if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that company reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: **21/10/25** Signature of Applicant: *[Signature]*





# Al Nile Hospital

## مستشفى النيل

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 MUHAMMAD YAQOOB  
 File No: 25017181  
 Age: 42y 11m 17d  
 Gender: Male  
 Nationality: Pakistan

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 Cm	WEIGHT kg	BMI	B.P.	PULSE / mins.	HEARING L Normal R Normal	VISION				Colour Vision	Blood Group	
180	87		124 80	68		DISTANT		NEAR				
						Uncorrected	R L	R L				
						Corrected	6/6 6/6	6/6 6/6				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A				
N		1. Urinalysis					N		7. Audiogram			
N		2. Hb, Blood count, ESR							8. Lung Function			
N		3. LFT, RFT, RBS							9. Chest X-Ray			
		4. Drug Screen					N		10. ECG			
	A	5. Lipids (40 years +)							11. CVS risk for 40 yrs. & above			
N		6. Sickie Cell test							12. HIV, Hepatitis screening			

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Dyslipidaemia - lifestyle modification - increase fibers and healthy food

ASSESSMENT:

FIT ALL AREAS     FIT WITH RESTRICTION     TEMPORARY UNFIT     UNFIT

Date: 21/6/2023    Name (Block Capitals): Dr. M. Ghassah    Signature:

REVIEW/CONSULTATION

Date:    Name (Block Capitals): Dr.    Signature:





Employee Data	DATE 21/10/25
NAME: RAUF MUHAMMAD MUHAMMAD YAQOOB	Company: TRUCK OMAN
ID No. 105680974	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	• 0
Watching TV	• 0
Sitting inactive in a public place (e.g., a theater or a meeting)	• 0
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 =

(4)

#### 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.





**Al Nile**  
Hospital  
مستشفى النيل

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File No: 25017181  
Age: 42y 11m 17d  
Gender: Male  
Nationality: Pakistan

### Fitness to Work Certificate

Employee Data		Date	
Last Name <b>MUHAMMAD YAQOUB</b>		First Name <b>RAUF MUHAMMAD</b>	
I.D No. <b>105680974</b>	Age <b>42</b>	Occupation <b>DRIVER</b>	
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**

Fit with no restrictions

Fit with following restrictions

The employee is fit for above work but should avoid the following tasks

Work near moving machinery or sharp edges	<input type="checkbox"/>	Operate motor vehicles, forklifts or heavy machinery	<input type="checkbox"/>
Working at height	<input type="checkbox"/>	Use a respirator	<input type="checkbox"/>
Pull push carry weight over <input type="checkbox"/> Kg	<input type="checkbox"/>	Repetitive twisting of valves or wrenches	<input type="checkbox"/>
Ascend/descend ladders or stairs	<input type="checkbox"/>	Flying	<input type="checkbox"/>
Other(Specify)			
These restrictions are permanent			
These restrictions are temporary until		(date)	
Temporary Unfit until		(date)	
Permanently Unfit			

Date **21/10/2025**

Signature

Print Name

*[Handwritten Signature]*







**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: 25017181 Invoice No: 89420  
Patient Name: RAUF MUHAMMAD MUHAMMAD SID No: Bill#45458  
YAQOOB  
Date of Birth: 1982-11-04  
Age / Gender: 42y 11m 17d / Male Date: 21/10/2025 07:41:56  
ID Card No: 105680974 Payer Name: TRUCK OMAN  
Address:  
Nationality: Pakistan Doctor: Dr. Ali Mohammad Ghassah  
Mobile No: 72302431

SI.No.	Description	Code	Qty	Gross	Disc	Vat%	Vat	Net Amount
1	PDO FITNESS TO WORK(41-50) 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: Marwa Eid albusaidi

Payment Details:

Receipt Date	Receipt No	Amount	Pay Mode
21/10/2025 07:41:56	105429	0.0	

2025-10-21 07:42:05

\*\*End of Report\*\*





## Lab Report

<b>Patient Name:</b>	RAUF MUHAMMAD MUHAMMAD YAQOOB	<b>Date:</b>	21/10/2025 08:11:55
<b>File No:</b>	25017181	<b>Age/Gender:</b> 42y 11m 17d / M	<b>Sid No:</b> Bill#45458
<b>Payer Name:</b>		<b>Collection Date &amp; Time:</b>	21/10/2025 07:54:52
<b>Insurance Card No:</b>	--	<b>Received Date &amp; Time:</b>	21/10/2025 08:11:55
<b>Doctor:</b>	Dr. Ali Mohammad Ghassah	<b>Reported Date &amp; Time:</b>	21/10/2025 08:34:11
<b>Billing Time:</b>	21/10/2025 07:41:56	<b>Mobile:</b> 72302431	<b>Id Card No.:</b> 105680974

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	5.94 mmol/m	3.3- 6.1
CHOLESTEROL	212.9 mg/dl	< 200.0
HDL CHOLESTEROL	34.72 mg/dl	40.0- 60.0
LDL CHOLESTEROL	117.0 mg/dl	< 150.0
TRIGLYCERIDE	306.4 mg/dl	40.0- 160.0
UREA	21.6 mg/dl	15.0- 45.0
CREATININE	1.21 mg/dl	0.7- 1.4
URIC ACID	5.65 mg/dl	3.4- 7.0
Gamma-Glutamyltransferase (GGT)	36.0 U/L	5.0- 63.0
SGOT	20.6 U/L	< 40.0
SGPT	26.6 U/L	< 41.0
ALKALINE PHOSPHATASE	71.6 U/L	35.0- 104.0
BILIRUBIN TOTAL	0.354 mg/dl	< 1.1
TOTAL PROTEIN	7.22 g/dl	6.6- 8.7
ALBUMIN	4.6 g/dl	3.5- 5.2
SICKLING TEST	NEGATIVE	-

### Complete Blood Count

Haemoglobin	15.1 mg/dl	13.0- 18.0
Total leucocyte count	5,710.0 Cells / Cumm	3,999.0 - 11,000.0

### Differential count

Neutrophil	49.2 %	40.0- 75.0
Lymphocytes	39.0 %	15.0- 45.0
Eosinophils	3.8 %	1.0- 6.0
Monocyte	7.3 %	2.0- 8.0
Basophils	0.6 %	< 10.0
Packed cell volum	45.1 %	< 54.0
RBC count	5.29 millions/mm	4.5- 5.5
MCV	85.2 fl	81.8- 95.5
MCH	28.6 pg	27.0- 32.3
MCHC	33.5 g/dl	32.4- 35.0
Platelet count	197,000.0 Cu.mm	150,000.0 - 450,000.0
RDW-CV	13.3 %	11.0- 16.0
RDW-SD	41.2 fl	35.0- 56.0



Test Name	Result	Biological Reference
ESR(AUTOMATED)	5.0 mm/hr	< 15.0
<b>URINE ANALYSIS</b>		
Color	Pale Yellow	-
Transparency	Clear	-
Specific Gravity	1.01	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-3	-
Erythrocytes	0-2	-
Squamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-10-21 08:48:18  
\*\*End of Report\*\*

Technician: Hajar Mohammed  
Hussin Mousa  
License No: 9245





**Estimated 10-year Global CVD Risk**

7.9%

**Risk Category**

Low Risk

**Estimated Vascular Age**

51 Years

**Treatment Guidelines**

**ATP-III (2004)**

Treatment Targets -

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93 mmol/L)

**CCS (2009)**

Indicate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

**ESC (2007, see Info for more)**

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)

  
الدكتور / علي محمد نصيف  
مستشفى النيل  
10/10/2009

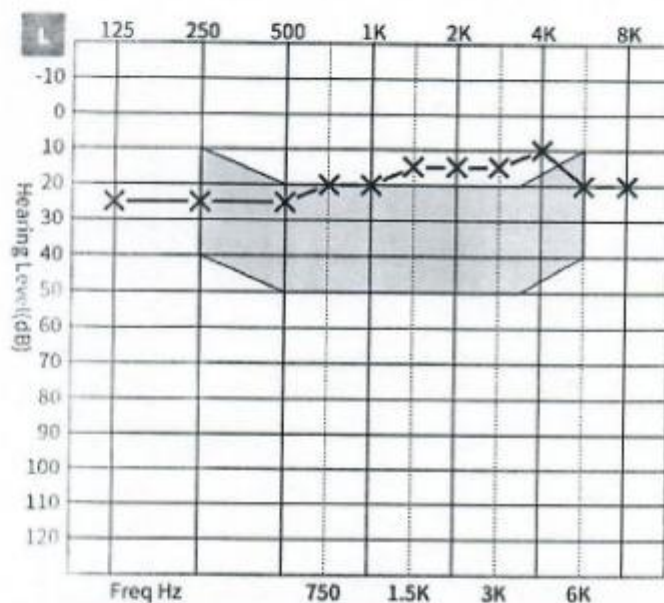
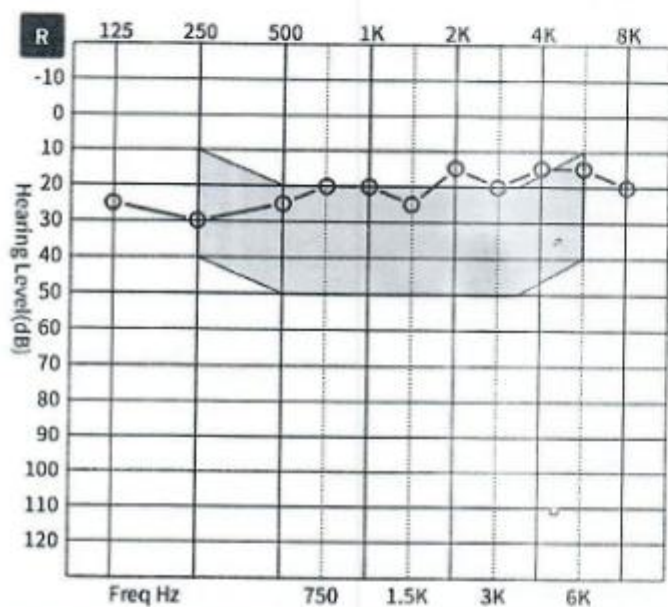
## PTA Test Report

**ID:**25017181

**Name:**RAUF MUHAMMAD MUHAMMDYAQOOB

**Gender:**Male

**Age:**42Y



**Test Result:**BILATERAL HEARING SENSITIVITY IS WITH IN NORMAL LIMITS



Test Date:2025-10-20 21:37

Printing Date:2025-10-20 21:37

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

