



Al Nile Hospital

مستشفى النيل

Patient Name: MOHAMMED SAID
KHALIFA AL JAMOUDI
File No: 22120820
Age: 35y 5m 17d
Gender : Male
Nationality: Oman

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname/Forenames	AL JAMOUDI
		Nationality	OMAN
Mobile No. 911A20219	Home/Leave Address:	Company Number:	Reference Indicator:
Personal Details			
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: <i>Mizwa</i>		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No. of children:
Reason for Examination (tick as appropriate)			
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>	Other Reason <input type="checkbox"/>
Employee only			
B Present Job and Location: <i>driver / Sahraa</i>		Next Job and Location:	
Are you a registered person with special needs? <input checked="" type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input checked="" 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?	N		
1 Ear, nose, eye or throat problems		Y	<i>left ear drum perforation</i>
2 Chest problems like asthma, bronchitis, other bad cough	N		
3 Heart abnormality, chest pains	N		
4 Abdominal pains, abnormal bowel motions	N		
5 Urogenital problems (kidney disease, menstrual disorder)	N		
6 Skin trouble or allergies	N		
7 Epileptic fits, dizzy spells or migraine	N		
8 History of mental illness, depression anxiety	N		
9 Diabetes, thyroid disease	N		
10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia	N		
11 Any history of accidents or fractures	N		
12 Have you had any serious allergies	N		
13 Do any dependants have a significant ongoing illness?	N		
14 Any family history of cancers	N		
Do you take any regular medicines, or have your taken in the past?	N		
Do you smoke? if yes, what and how much each day?		Y	<i>Pipe Smoker 1/2 pack / day</i>
Do you drink alcohol? if yes, what is your average weekly intake?	N		
Have you ever taken elicited/recreational drugs?	N		
Are you doing regular sports or physical activities?	N		
STATEMENT: 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: <i>17/3/2025</i>	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	with glasses
	A	2. E.N.T.	left ear drum perforated + wax
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	HEARING	VISION
181	77	23	103/80	92/min.	Labnormal R.U	DISTANT R L Uncorrected 6/6 6/6 Corrected 6/6 6/6 NEAR R L 6/6 6/6 with glasses

N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N A	
N		1. Urinalysis		A
N		2. Hb, Blood count, ESR	referral to ENT consultation	7. Audiogram
N		3. LFT, RFT, RBS		8. Lung Function
N		4. Drug Screen		9. Chest X-Ray
N		5. Lipids (40 years +)		10. ECG
		6. Sickle Cell test		11. CVS risk for 40 yrs. & above
				12. HIV, Hepatitis screening

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

based on ENT consultation (attached)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

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

Signature: _____

REVIEW/CONSULTATION

Date: 23/3/2025 Name (Block Capitals): Dr. _____

Signature: _____





Employee Data	Patient Name: MOHAMMED SAID KHALIFA AL JAMOUDI
NAME:	File No: 22120820
	Age: 35y 5m 17d
	Gender : Male
ID No.	Nationality: Oman

DATE	17/3/2025
Company:	TRUCK OMAN
Occupation:	

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	• 1
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	• 2
Lying down to rest in the afternoon when circumstances permit	• 1
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.

[Handwritten signature]



Patient Name: MOHAMMED SAID
 KHALIFA AL JAMOUDI
 File No: 22120620
 Age: 35y 5m 23d
 Gender : Male
 Nationality: Oman



Fitness to Work Certificate

Employee Data		Date
Last Name AL JAMOUDI		First Name MOHAMMED SAID KHALIFA
I.D No. 19597406	Age 35y05	Occupation
Type of Medical Evaluation		Mark those applying
A1 Aircraft refueling		A6 Emergency response team work
A2 Breathing apparatus		A7 Professional driving
A3 Business traveler		A8 Remote location work
A4 Catering and food preparation		A9 Transfers- group A country
A5 Crane or forklift driving		A10 Transfers-group B country

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"/>	FTT
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 23/03/25	Signature 	Print Name
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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/ainle_medical

Patient Name: MOHAMMED SAID
KHALIFA AL JAMOUDI
File No: 22120820
Age: 35y 5m 17d
Gender : Male
Nationality: Oman

Tax Invoice

File Number: 22120820 Invoice No: 16654
Patient Name: MOHAMMED SAID KHALIFA AL JAMOUDI SID No: Bill#8427
Date of Birth: 1989-09-29 Date: 17/03/2025 20:38:05
Age / Gender: 35y 5m 17d / Male Payer Name: TRUCK OMAN
ID Card No: 19597406 Doctor: Dr. Ali Mohammad Ghassah
Address: Nationality: Oman
Mobile No: 91142219

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
17/03/2025 20:38:05	016937	0.0	

2025-03-17 20:38:11

End of Report



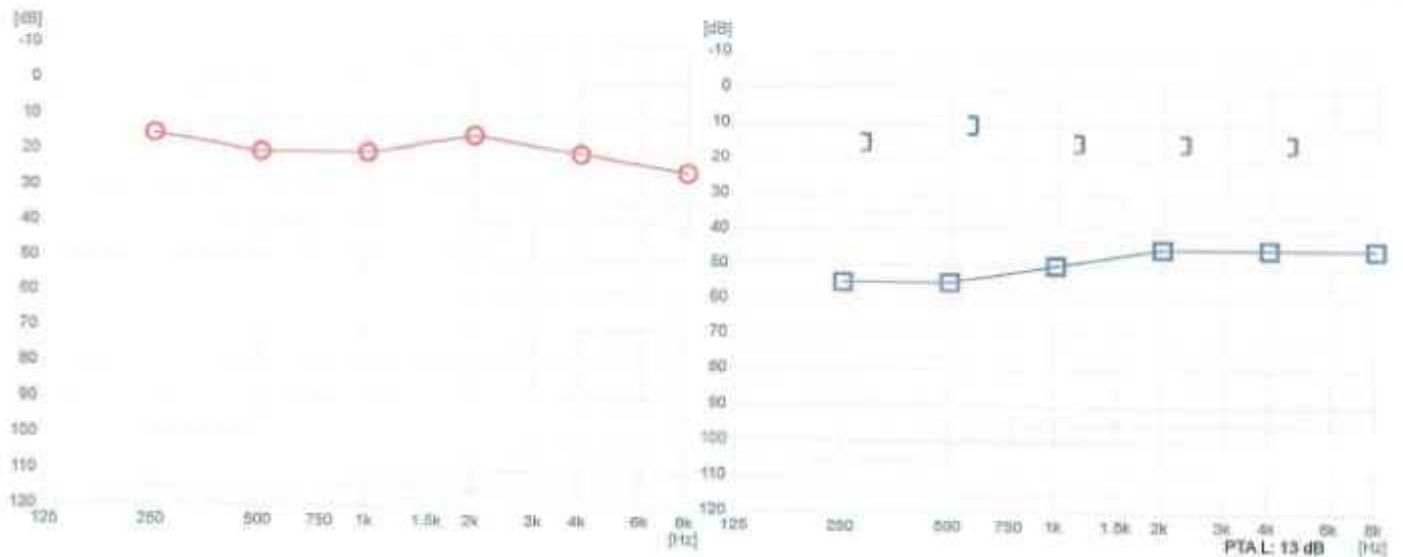
SUPER QUALITY

HEARING & SPEECH THERAPY CENTER

NIZWA

Patient Name: MOHAMMED SAID
KHALIFA AL JAMOUDI
File No: 22120820
Age: 35y 5m 22d
Gender: Male
Nationality: Oman

Code:	Last name - First name	Date:
	AL JAMOUDI , MOHAMMED	03/2025
Test type:	Test date:	
Tonal audiometry	20/03/2025	



Legend	R	L
Air	○	×
Air/Masked	△	□
Bone	<	>
Bone/Masked	[]
MCL	M	M
UCL	m	m
Free Field	∅	⊗
Free Field/Aided	A	A
Binaural	B	
No response	I	



Comments
RIGHT : NORMAL HEARING SENSITIVITY
LEFT : MODERATE CONDUCTIVE HEARING LOSS

Signature: *[Handwritten Signature]*

Date: 20/3/2025



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Medical Report

Patient Name: MOHAMMED SAID KHALIFA AL JAMOUDI		Date: 23/03/2025 14:59:54
File No: 22120820	Age/Gender: 35y 5m 23d / M	Nationality: Oman
Payer Name:--		Doctor: Dr. IBTISAM KHAMIS SAID ALSULAIMI
Insurance Card No:	ID Card No: 19597406	Phone: 91142219

Chief Complaints:-

chronic otitis media left side with hearing impairment
no ear discharge
was operated for right side tympanoplasty , no hearing impairment or discharge
no nasal symptoms
on exam
left ear , large dry central perforation
right ear intact neotympanum
nose exam clear
hearing test showed right ear normal hearing , left ear moderate conductive hearing loss
patient is fit for work

Dr. IBTISAM KHAMIS SAID ALSULAIMI

Licence Number : 455



2025-03-23 15:00:48

End of Report





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Lab Report

Patient Name:	MOHAMMED SAID KHALIFA AL JAMOUDI	Date:	17/03/2025 21:27:47
File No:	22120820	Age/Gender:	35y 5m 17d / M
Payer Name:		Sid No:	Bill#8427
Insurance Card No:	--	Collection Date & Time:	17/03/2025 21:27:45
Doctor:	Dr. Ali Mohammad Ghassah	Received Date & Time:	17/03/2025 21:27:47
Billing Time:	17/03/2025 20:38:05	Reported Date & Time:	17/03/2025 21:35:02
	Mobile: 91142219	Id Card No.:	19597406

Test Name	Result	Biological Reference
BLOOD SUGAR FASTING	5.06	-
CHOLESTEROL	189.8 mg/dl	< 200.0
TRIGLYCERIDE	75.0 mg/dl	-
HDL CHOLESTEROL	46.0 mg/dl	40.0 - 60.0
LDL CHOLESTEROL	128.0 mg/dl	< 150.0
TOTAL PROTEIN	7.07 g/dl	6.6 - 8.7
SGPT	14.5 U/L	< 41.0
SGOT	14.7 U/L	< 40.0
BILIRUBIN TOTAL	1.05 mg/dl	< 1.1
ALKALINE PHOSPHATASE	67.0 U/L	35.0 - 104.0
ALBUMIN	4.7 g/dl	3.5 - 5.2
CREATININE	1.2 mg/dl	0.7 - 1.4
UREA	21.9 mg/dl	15.0 - 45.0
URIC ACID	5.1 mg/dl	3.4 - 7.0
Complete Blood Count		
Haemoglobin	14.0 mg/dl	13.0 - 18.0
Total leucocyte count	3,270.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	30.5 %	40.0 - 75.0
Lymphocytes	49.1 %	15.0 - 45.0
Eosinophils	6.3 %	1.0 - 6.0
Monocyte	14.0 %	2.0 - 8.0
Basophils	0.1 %	< 10.0
Packed cell volum	45.5 %	< 54.0
RBC count	6.67 millions/mm	4.5 - 5.5
MCV	68.2 fl	81.8 - 95.5
MCH	21.0 pg	27.0 - 32.3
MCHC	30.8 g/dl	32.4 - 35.0
Platelet count	233,000.0 Cu.mm	150,000.0 - 400,000.0
RDW-CV	13.4 %	11.0 - 16.0
RDW-SD	33.2 fl	35.0 - 56.0
ESR(AUTOMATED)	1.0 mm/hr	< 15.0

URINE ANALYSIS





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File No: 22120820
Age: 35y 5m 22d
Gender : Male
Nationality: Oman

Tax Invoice

File Number: 22120820 Invoice No: 16934
Patient Name: MOHAMMED SAID KHALIFA AL JAMOUDI Date: 18/03/2025 14:41:32
Id Card No. : 19597406 APT No: APT7912
Age / Gender: -- 35 (Y) / m Payer Name: TRUCK OMAN
Doctor: Dr. IBTISAM KHAMIS SAID ALSULAIMI
Address: Nationality: Oman
Mobile No: 91142219

Sl.No.	Description	Code	Qty	Gross	Disc	Vat%	Vat	Net Amount
1	Consultation (ENT Specialist)	CON0003	1	12.000	0.000		0.000	12.000

Total Amount: 12.000
Tax Amount: 0.000
Discount: 0.000
Net Amount: 12.000
Patient to pay: 0.0

Total Paid 0.0 Balance to be Paid 12.000 Balance to be Paid (TRUCK OMAN) 12.000

Total Amount in Words: Twelve Rial Only

Invoiced By: Wafaa

Payment Details:

Receipt Date	Receipt No	Amount	Pay Mode
18/03/2025 14:58:51	017158	0.0	

2025-03-18 20:29:08

End of Report