

Fitness to Work Certificate

Employee Data		Date	16/10/2024
Last Name HUSSAIN MAHMOOD		First Name WASSEM MEHMOOD	
I.D No. 79532692	Age 41yrs	Occupation	Heavy Vehicle driver
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		
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 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 16/10/2024	Signature 	Print Name 



Al Nile Medical Complex مجمع النيل الطبي

REN.



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	WASEEM MEHMOOD HUSSAIN MAHMOOD
Nationality	PAKISTANI
Company Number:	
Reference Indicator:	

Mobile No. 9212418	Home/Leave Address: PAKISTAN
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Personal Details

A ☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced / Widow(er)
Home/Leave Address: 1	Relationship to employee ☐ Wife ☐ Son ☐ Daughter
Reason for Examination (tick as appropriate)	No. of children: 3

Periodic Medical Examination ☒	Final / Retirement ☐	Other Reason: ☐
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Employee only

B Present Job and Location: DRIVER / MAHMOOD	Next Job and Location: DRIVER / MAHMOOD
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Are you a registered person with special needs? ☐	Do you belong to any Medical Insurance Scheme? ☐
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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?	/		
1 Ear, nose, eye or throat problems	/		
2 Chest problems like asthma, bronchitis, other bad cough	/		
3 Heart abnormality, chest pains	/		
4 Abdominal pains, abnormal bowel motions	/		
5 Urogenital problems (kidney disease, menstrual disorder)	/		
6 Skin trouble or allergies	/		
7 Epileptic fits, dizzy spells or migraine	/		
8 History of mental illness, depression anxiety	/		
9 Diabetes, thyroid disease	/		
10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia	/		
11 Any history of accidents or fractures	/		
12 Have you had any serious allergies	/		
13 Do any dependants have a significant ongoing illness?	/		
14 Any family history of cancers	/		
Do you take any regular medicines, or have you taken in the past?	/		
Do you smoke? If yes, what and how much each day?	/		
Do you drink alcohol? If yes, what is your average weekly intake?	/		
Have you ever taken elicited/recreational drugs?	/		
Are you doing regular sports or physical activities?	/		

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: 16/10/2024	Signature of Applicant: [Signature]
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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	
/		1 Eyes & Pupils
/		2 E.N.T.
/		3 Teeth & Mouth
/		4 Lungs & Chest
/		5 Cardiovascular System
/		6 Abdo. Viscera
/		7 Hemial Orifices
/		8 Anus & Rectum
/		9 Genito-urinary
/		10. Extremities
/		11. Musculo-skeletal
/		12. Skin & Varicose Vns.
/		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
178	93	29	124/82	72/min.	L N R N	DISTANT R L NEAR R L Uncorrected 6/6 6/6 Corrected 6/6 6/6

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

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

SLIGHTLY ELEVATED URIC ACID (7.7) DIET ADVICE GIVEN
AND AVOIDANCE OF ALCOHOL. Repeat + monitor. (since he is asymptomatic).

ASSESSMENT AND RECOMMENDATIONS:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: Name (Block Capitals): Dr.



Signature

REVIEW/CONSULTATION

Date: 16/10/24 Name (Block Capitals): Dr.

Signature



Employee Data	DATE 16/10/24
NAME: ALI ASEM MEHMOOD HUSSAIN	Company: TRUCK OMAN
ID No. 79532692	Occupation: Heavy 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	• 0
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 0
In a car, while stopped for a few minutes in traffic	• 0

Total Score =

0

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.

Mr. WASEEM MEHMOOD HUSSA



24016818 DOB: 20/04/1983



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Results

Copy Results

Estimated 10-year Global CVD Risk

5.6%

Risk Category

Low Risk

Estimated Vascular Age

45 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)

Initiate 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)



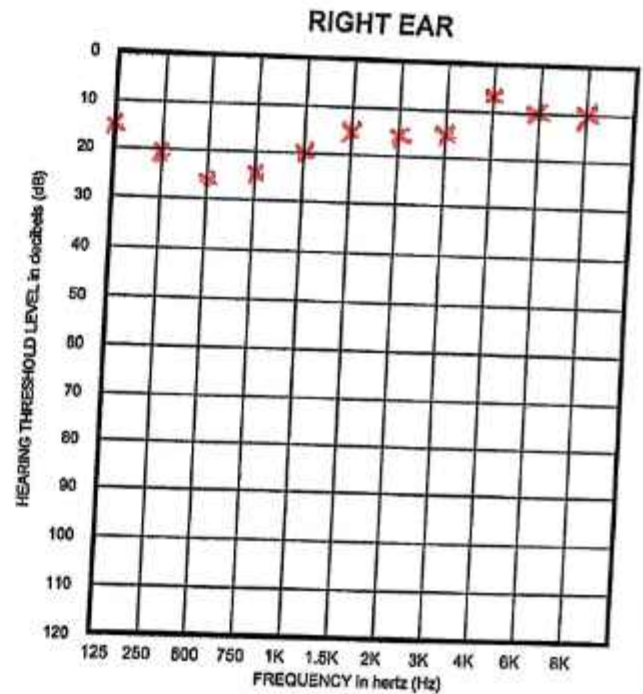
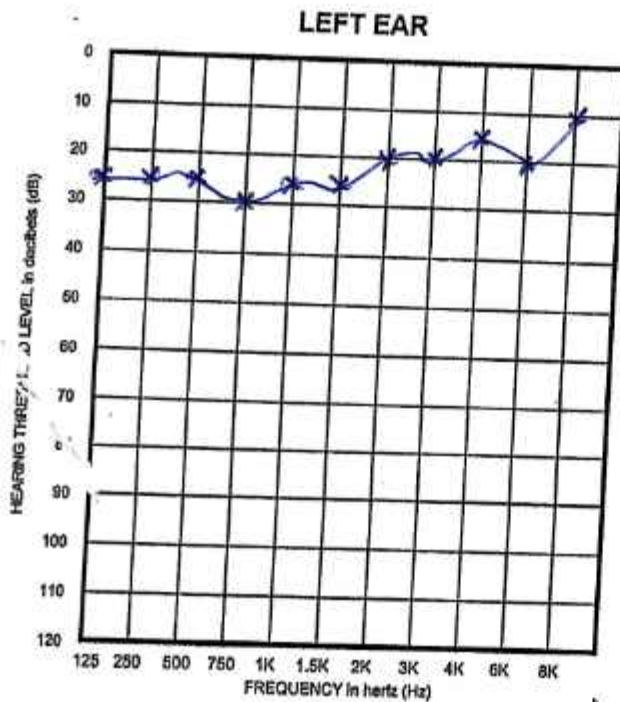
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Mr. WASEEM MEHMOOD HUSSA



24016818 DOB: 20/04/1983

Patient Name: WASEEM MEHMOOD HUSSAIN MAHMOOD
Name Id: 24016818
Consultant: Heavy vehicle driver.
Age / Gender: 44/M
Report Date: 16/10/24



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

Provisional Diagnosis: Bilateral hearing sensitivity
with in normal limit



Signature Audiologist



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SID NO. : 01042124
Patient ID : 24016818
Name : Mr. WASEEM MEHMOOD HUSSAIN MAHMOOD
Age / Gender : 41 Y / Male
Referrer : TRUCK OMAN
Consultant : Dr. WEAM FAISAL IBRAHIM



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Collection Date & Time : 16/10/2024 09:46:44
Received Date & Time : 16/10/2024 09:57:45
Reported Date & Time : 16/10/2024 10:57:58

National ID : 79532692

Nationality : PAKISTAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
BIOCHEMISTRY		
PDO FITNESS TO WORK(41-50) yrs		
BLOOD SUGAR FASTING	4.8 mmol/l	3.3 - 6.1
LIVER PROFILE		
SGOT (IFCC without PDP/ serum)	27.0 U/L	Upto 40
SGPT (IFCC without PDP/ serum)	47.0 U/L	less than 41
TOTAL PROTEIN (Bluret / End Point/ serum)	7.3 g/dL	6.6 - 8.7
BILIRUBIN TOTAL (DCA/ serum)	1.05 mg/dl	UP TO 1.1
ALKALINE PHOSPHATASE (IFCC (AMP)/ serum)	79.0 U/L	1 DAY: <250 2-5 DAYS: <231 6 DAYS -6 M: <449 7 M-1 YR: <462 1-3 YRS: <281 4-6 YRS: <269 7-12 YRS: <300 MALE(13-17 YRS): <187 FEMALE(13-17 YRS): <390 MALE(17 + YRS): 35-104 FEMALE(17+ YRS): 40-129
RENAL PROFILE		
UREA (urease-GLDH,kinetic/ serum)	25.3 mg/dl	15 - 45 <65 yrs: <50 >65 yrs: <71
CREATININE (ENZYMATIC METHOD/ serum)	1.28 mg/dl	Male: 0.7-1.4 mg/dl Female: 0.6-1.1mg/d
URIC ACID (Uricase-Trinder/ serum)	7.7 mg/dl	Male: 3.4-7.0 Female: 2.4-5.7
SODIUM (NA+) (ISE Method Direct/ serum)	137.0 mmol/l	135 - 145 mmol/l
POTASSIUM (K+) (ISE Method Direct/ serum)	4.16 mmol/l	3.7 - 5.5
LIPID PANEL		

Suresh Bharathan

Technician

MOH License No 10223





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Test Name (Method/Specimen)	Result	Biological Reference
TRIGLYCERIDE (GPO- Bichromatic end Point/ serum)	151.2 mg/dl	male:40-160 mg/dl female: 35-135 mg/dl
CHOLESTEROL (CHOD-PAP/ serum)	184.7 mg/dl	<200 mg/dl
HDL CHOLESTEROL (Direct / Immunoprecipitation/ serum)	38.62 mg/dl	40-60
LDL CHOLESTEROL (Calculated/ serum)	116.0 mg/dl	UP TO 150 mg/dl
CLINICAL PATHOLOGY		
PDO FITNESS TO WORK(41-50) yrs		
URINE ANALYSIS		
Microscopy/Urine		
Physical		
Color	Yellow	
Transparency	Clear	
Chemical		
Specific Gravity	1.020	
PH	Acidic	
Glucose	NIL	
Acetone	NIL	
Bilirubin	NIL	
Blood	NIL	
Urobilinogen	NIL	
Protein	NIL	
Nitrate	NIL	
Microscopic		
Leukocytes	NIL	

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Technician

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Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
Pus Cells	2-3	
Erythrocytes	0-1 /hpf	0 - 2
Squamous Epithelial Cell	few /hpf	
Crystal	NIL	
Cast	NIL	
Bacteria	NIL	
Others	NIL	
HAEMATOLOGY		
PDO FITNESS TO WORK(41-50) yrs		
Complete blood count (CBC)		
Haemoglobin (Electrical Impedance/ EDTA)	14.5 gm/dl	13 - 18
TOTAL LEUCOCYTES COUNT	6250 Cells / Cumm	4000 - 11000
DIFFERENTIAL COUNT EDTA		
Neutrophil	55 %	45 - 70
Lymphocytes	38 %	15 - 45
Eosinophils	3 %	1 - 6
Monocyte	4 %	2 - 8
PACKED CELL VOLUME (HCT)	42.60 %	< 54
RBC COUNT (Electrical Impedance/ EDTA)	4.96 millions/mm	4.5 - 5.5
MCV	85.8 fl	81.8 - 95.5
MCH	29.2 pg	27 - 32.3
MCHC (Electrical Impedance/ EDTA)	34.0 g/dL	32.4 - 35
PLATELET COUNT (Electrical Impedance/ EDTA)	234000 cu.mm	150,000 - 450,000

Suresh Bharathan

Technician

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Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
RDW-CV	13.2 %	11 - 16
RDW-SD	40.7 fl	35 - 56
ESR(AUTOMATED) ((Automated)/ EDTA Blood)	5 mm/hr	< 15

Suresh

Suresh Bharathan

Technician

MOH License No 10223



AUTO 10mm/mV

10mm/mV



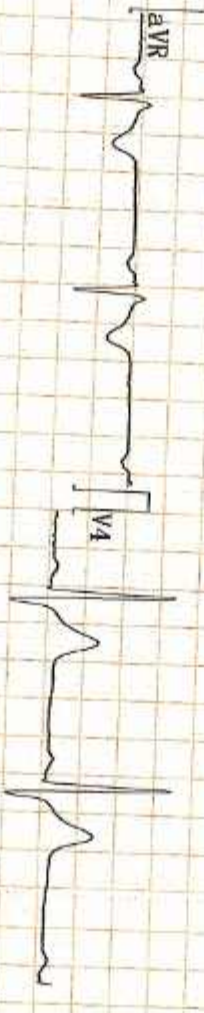
I



II



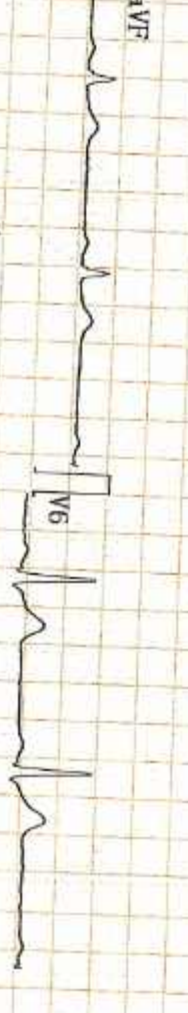
III



aVR



aVL



aVF



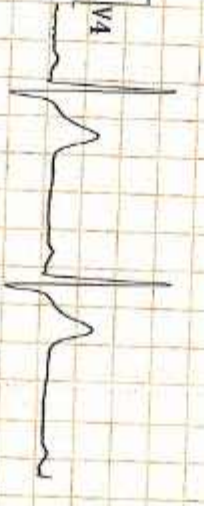
V1



V2



V3



V4



V5



V6

AL NILE MEDICAL CENTER

1970-03-06 09:28:46

Name : Waseen mehmood

Sex : Male Age : 45

Section : weam

RoomID:

BedID:

ID:

Operator: dainy

Custom2:



Mr. WASEEN MEHMOOD HUS
24016818 DOB: 20/04/11

10mm/mV 25mm/s



I



aVR



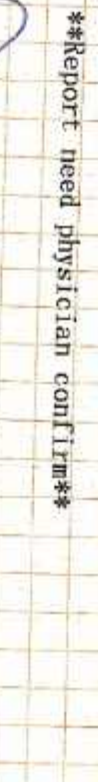
V1



aVL



V2



V3



aVF



V4



V5

<< Conclusions >>

Sinus mode Bradycardia;
Cardiac electric axis normal;

Report need physician confirm



Dr. Waseen Fahad Ibrahim Alnour
1970-03-06 09:28:46
1970-03-06 09:28:46
1970-03-06 09:28:46

Physician: _____

25mm/s AC50Hz