



20265526

LHID: ALNHL-13780
 Name: Mr Vasu Suresh Kanjiradu
 Age/Gen: 49 Y, 6 D/Male
 CollectedDate/Time: 28-03-2025 09:24 AM



Al Nile Hospital

مستشفى النيل

Surname/Forenames: KANJIRADU / VASU SURESH

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Nationality: INDIAN

Mobile No. 79058112

Home/Leave Address:

Company Number:

Reference Indicator:

Personal Details

A Male Female

Married Single Separated / Divorced / Widow(er)

Home/Leave Address:

Relationship to employee
 Wife Son Daughter

No. of children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason

Employee only

B Present Job and Location:

Next Job and Location:

Are you a registered person with special needs?

Do you belong to any Medical Insurance Scheme?

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?	<input checked="" type="checkbox"/>		
1 Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>		
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6 Skin trouble or allergies	<input checked="" type="checkbox"/>		
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia	<input checked="" type="checkbox"/>		
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12 Have you had any serious allergies	<input checked="" type="checkbox"/>		
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14 Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you taken in the past?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>		
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>		<u>occasional</u>
Have you ever taken illicit/recreational drugs?	<input checked="" type="checkbox"/>		
Are you doing regular sports or physical activities?	<input checked="" type="checkbox"/>		<u>GYM</u>

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: 26/3/2025

Signature of Applicant: ..

[Signature]





Al Nile Hospital

مستشفى النيل



20265528

UHID: ALNILE-13780
 Name: Mr Vasu Suresh Kanjradu
 Age/Sex: 49 Y/5 D/Male
 Collected Date/Time: 26-03-2026 09:24 AM

FOR COMPLETION BY EXAMINING DOCTOR
 Further details of medical history and recreational activities:

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION	
N	A		
<input checked="" type="checkbox"/>		1. Eyes & Pupils	
<input checked="" type="checkbox"/>		2. E.N.T.	
<input checked="" type="checkbox"/>		3. Teeth & Mouth	
<input checked="" type="checkbox"/>		4. Lungs & Chest	
<input checked="" type="checkbox"/>		5. Cardiovascular System	
<input checked="" type="checkbox"/>		6. Abdo. Viscera	
<input checked="" type="checkbox"/>		7. Hemial Orifices	
<input checked="" type="checkbox"/>		8. Anus & Rectum	
<input checked="" type="checkbox"/>		9. Gento-urinary	
<input checked="" type="checkbox"/>		10. Extremities	
<input checked="" type="checkbox"/>		11. Musculo-skeletal	
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.	
<input checked="" type="checkbox"/>		13. C.N.S.	

HEIGHT Cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group
176	92	29.7	120 80	69 mins.	L N R N	Uncorrected Corrected	R L 4/6 6/6	R L 4/6 6/6	N	

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

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

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 26/3/2026 Name (Block Capitals): Dr. ISLAM SARR

Signature:

Handwritten signature and stamp of Dr. ISLAM SARR, General Practitioner, Al Nile Hospital.

REVIEW/CONSULTATION

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





2026528

UHD: ALNILE-13760
 Name: Mr Vasu Suresh Kanjiradu
 Age/Gen: 49 Y, B D/Male
 collectedDate/Time: 26-03-2026 09:24 AM




**Al Nile
Hospital**
 مستشفى النيل

Fitness to Work Certificate

Employee Data		Date	26/3/26
Last Name		KANJIRADU	
First Name		VASU SURESH	
I.D No.	108668584	Age	49
Occupation		Auto electrician	
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 with no restrictions	<input checked="" type="checkbox"/>	FIT
Fit with following restrictions	<input type="checkbox"/>	
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
Working at height	<input type="checkbox"/>	Use a respirator
Pull push carry weight over Kg	<input type="checkbox"/>	Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs	<input type="checkbox"/>	Flying
Other(Specify)		
These restrictions are permanent		
These restrictions are temporary until		(date)
Temporary Unfit until		(date)
Permanently Unfit		
Date	26.03.2026	Signature
		Print Name
		





Employee Data	DATE 26/3/2025
NAME: VASU SORESH KANJIRADU	Company: truck oman
ID No. 108668584	Occupation: auto electrician

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	• 1
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 1
In a car, while stopped for a few minutes in traffic	• 0

Total Score =

2

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 and stamp in Arabic script.





Al Nile Hospital
مستشفى النيل



20265528

LHID: ALNILE-13760
 Name: Mr Vasu Suresh Kanjiradu
 Age/Gen: 49 Y/M Male
 collectedDateTime 26-03-2026 09:24 AM

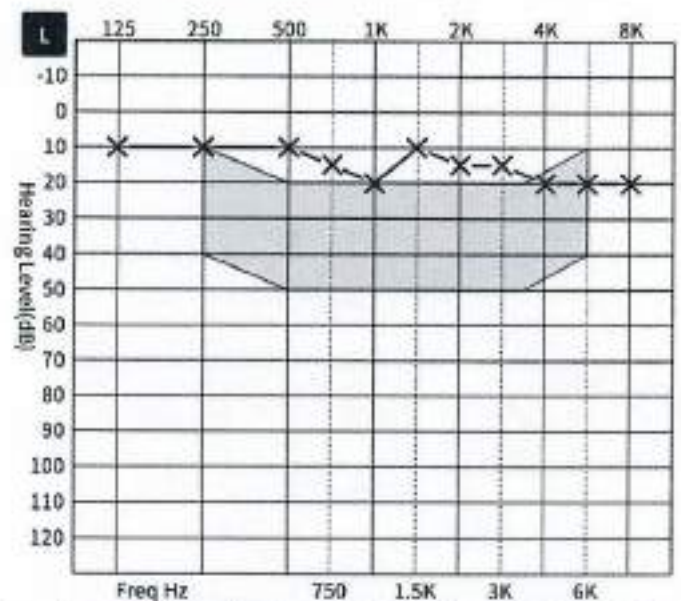
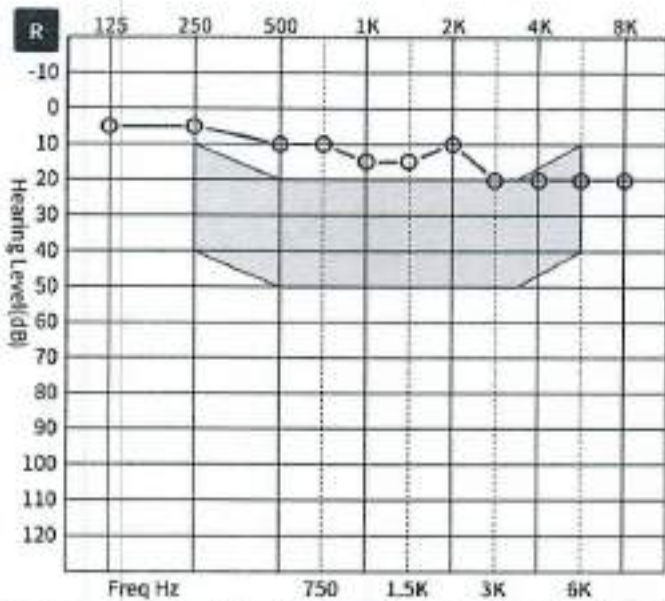
PTA Test Report

ID:ALNILE-13760

Name:VASU SURESH KANJIRADU

Gender:Male

Age:49Y



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

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

Test Result: BILATERAL HEARING SENSITIVITY IS WITHIN NORMAL LIMITS.



Test Date:2026-03-25 22:44

Printing Date:2026-03-25 22:48

Examiner: _____

AL MILE HOSPITAL

2026-03-25 21:55:32

Name : VASU SURESH

Sex : Male Age : 49

Section: DR. ISLAM

RoomID:

BedID:

ID: 13760

Operator: ANUM

Data for reference only:

HR bpm : 53
 PR Interval ms : 205
 P Duration ms : 120
 QRS Duration ms : 73
 T Duration ms : 221
 QT/QTc ms : 419/392
 P/QRS/T Axis deg : 27.3/36.3/28.7
 R(V5)/S(V1) mV : 1.40/0.43
 R(V5)+S(V1) mV : 1.83

<< Conclusions >>

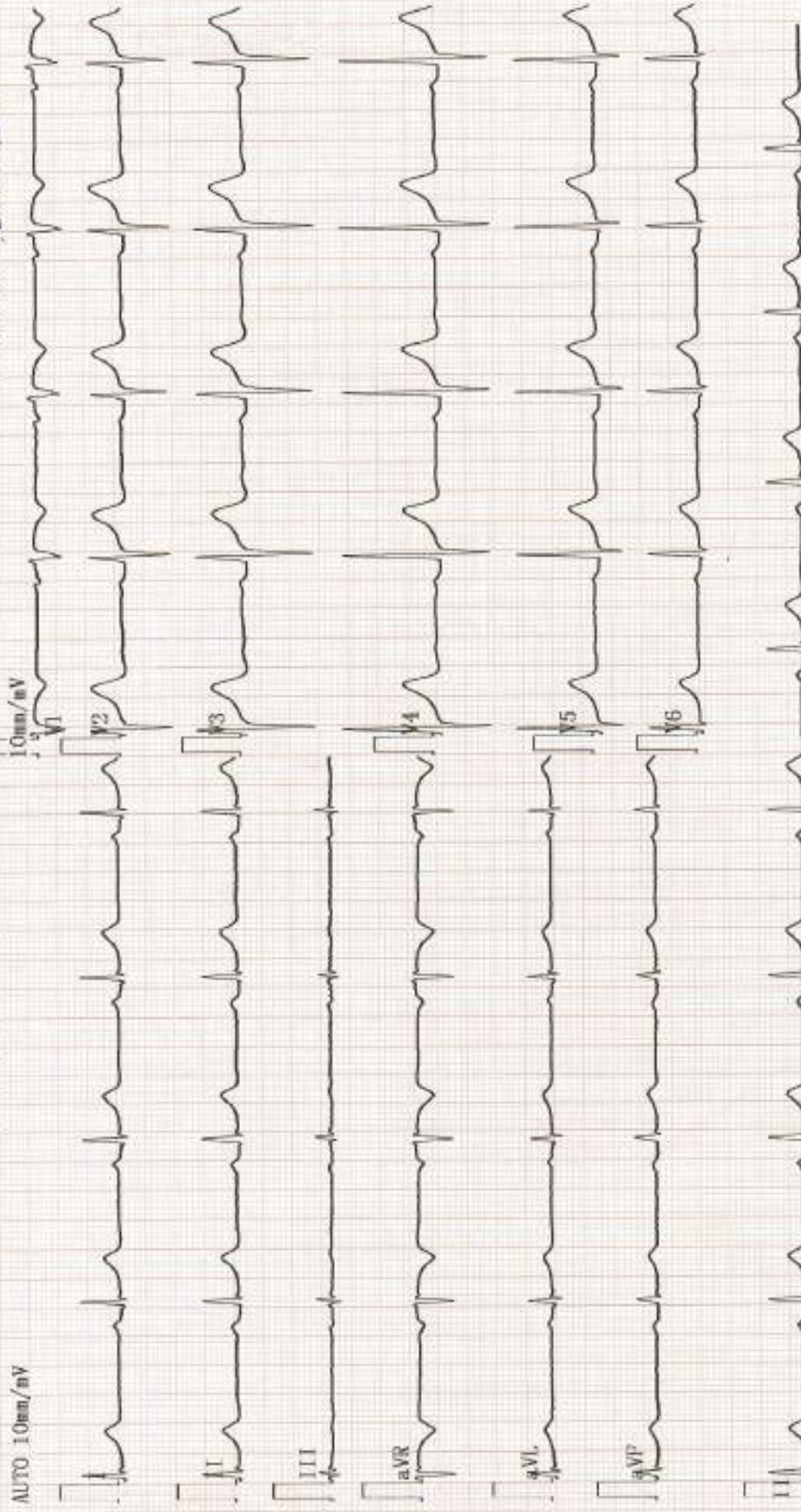
Cardiac electric axis normal:

Report need physician confirm



Hand ECG


Physician: *15 Mar 2026*



AUTO 10mm/mV

10mm/mV

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



20285528

LHID: ALHLS-13760
Name: Mr Vasee Suresh Kottipadu
Age/Gen: 49 Y, 5 D/Male
collectedDateTime 28-03-2025 09:24 AM

General Practitioner
Dr. Mohammed Saif
18-313618
www.dr.saif.com

UHID	ALNILE-13760	Visit Type/No	OP/EPD-14867
Name	Mr Vasu Suresh Kanjiradu	Order No	ODN-33488
Age/Gender	49 Y,6 D/Male	Order Date/Time	26-03-2026
Mob	79058112	Collection Date/Time	26-03-2026 09:24 AM
Accession Number	20265526	Acknowledge Date/Time	26-03-2026 09:35 AM
Ordering Doctor	Dr Islam Ateya Mohammed Sakr	Report Date/Time	26-03-2026 09:38 AM
Payer Name	TRUCK OMAN	Refer By	
Civil ID	108668584		

HAEMATOTOLOGY

Service Name	Result	Unit	Reference Range
ESR, Blood	3	mm/hr	0-15
Complete blood count (CBC), EDTA Blood			
Haemoglobin	15.4	gm/dl	13-18
TOTAL LEUCOCYTES COUNT	8000	cell/cumm	4000-11000
DIFFERENTIAL COUNT			
Neutrophil	59.0	%	45-70
Lymphocytes	33.2	%	15-45
Eosinophils	2.7	%	1-6
Monocyte	4.6	%	1-8
Basophils	0.4	%	0-1
PACKED CELL VOLUME (HCT)	47.6	%	37-54
RBC COUNT	5.4	millions/cumm	4.5-5.5
MCV	87.9	fl	82.9-98.0
MCH	28.4	pg	27.0-32.3
MCHC	32.4	g/dL	31.8-34.7
PLATELET COUNT	163000	cells/cumm	150000-450000
RDW-CV	12.9	%	11-16
RDW-SD	41.1	fl	35-56

BIOCHEMISTRY

Service Name	Result	Unit	Reference Range
CREATININE, Serum	1.20	mg/dL	0.7-1.4
UREA, Serum	31.8	mg/dL	15-45
URIC ACID, Serum	5.74	mg/dL	3.4-7.0
LIVER PROFILE, Blood			
SGOT	28.0	U/L	<40
SGPT	35.6	U/L	<41
TOTAL PROTEIN	7.59	gm/dl	6.6-8.7
BILIRUBIN TOTAL	0.625	mg/dL	<1.1
ALKALINE PHOSPHATASE	65.0	U/L	35-104
ALBUMIN	4.50	g/dL	3.5-5.2
GLOBULIN	3.09	g/L	2.0-3.9
LIPID PANEL, Blood			
LDL CHOLESTEROL	92.4	mg/dL	<150
HDL CHOLESTEROL	47.6	mg/dL	40-60
CHOLESTEROL	178	mg/dL	<200
TRIGLYCERIDE	191 H	mg/dL	40-160
			<6.1
BLOOD SUGAR FASTING, Serum	6.08	mmol/L	Git Reference
			<5.1

CLINICAL PATHOLOGY

Service Name	Result	Unit	Reference Range
URINE ANALYSIS, Urine			
Physical			

UHID	ALNILE-13760	Visit Type/No	OP/EPD-14867
Name	Mr Vasu Suresh Kunjiradu	Order No	ODN-33488
Age/Gender	49 Y,6 D/Male	Order Date/Time	26-03-2026
Mob	79058112	Collection Date/Time	26-03-2026 09:24 AM
Accession Number	20265526	Acknowledge Date/Time	26-03-2026 09:35 AM
Ordering Doctor	Dr Islam Ateya Mohammed Sakr	Report Date/Time	26-03-2026 09:38 AM
Payer Name	TRUCK OMAN	Refer By	
Civil ID	108668584		

Service Name	Result	Unit	Reference Range
Colour	Pale Yellow		
Transparency	CLEAR		
Chemical			
Specific Gravity	1.010		
PH	ALKALINE		
Glucose	NIL		
Acetone	NIL		
Bilirubin	NIL		
Blood	NIL		
Urobilinogen	NIL		
Protein	NIL		
Nitrate	NIL		
Microscopic			
Leukocytes	NIL		
Pus Cells	1-2/hpf		
Erythrocytes	1-2	/ hpf	0-2
Squamous Epithelial Cell	FEW /hpf		
Crystal	NIL		
Cast	NIL		
Bacteria	NIL		
Others	NIL		

Symonette
 Lab Technician
 19814

Hajar
 Lab Technician
 9245

-----End of the Report-----

