Alnile Hospital
مستشفى النيل

2026642
UHID: ALNILS-4983
Name: Mr Partap Singh
Age/Gen: 43 Y,7 M,14 D/Male
CollectedDateTime 11-01-2026 09:27 AM

	Surname/ Forenames: PARTAP SINGH AJAIB
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	Nationality: INDIAN
Mobile No: 95627190 Home/Leave Address:	Company Number: TRUCK OMAN 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: Crane operator Next Job and Location: CC9 Farah

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?		✓		
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 your 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?				Occasionally
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: 11/01/26 Signature of Applicant: Partab Singh

Sultanate Of Oman
AL NILE HOSPITAL

2026642

UHID: ALNILE-4863
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Alnile Hospital
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FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history and recreational activities: 43-Y PMH: HTN Pt. since 1 year treated with (Telmiram.Hct)

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
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. Hernial 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
171	68.	23.26	160/100	80 /mins.	L N, R N	DISTANT R L; NEAR R L; Uncorrected; Corrected

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

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

lifestyle Modification - decrease salt - increased physical activity - check B/P after 1 month

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 11/01/2026 Name (Block Capitals): Dr. Ali Ghassan Signature: [signature]

REVIEW/CONSULTATION

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

AL NILE HOSPITAL
مستشفى النيل
Sultanate Of Oman

Alnile Hospital
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2026642
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Name: Mr Partap Singh
Age/Gen: 43 Y,7 M,14 D/Male
Collected/DateTime: 11-01-2026 09:07 AM

Employee Data	DATE 11/01/2026
NAME: PARTAP SINGH AJAIB	Company: TRUCK OMAN
ID No. 10H3523H6	Occupation: Crane operator.

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	• 2
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.

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P.O.Box: 300
Muscat, P.C. 621
Sultanate of Oman

Alnile Hospital
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Fitness to Work Certificate

Employee Data		Date 11/01/2026.	
Last Name AJAIB		First Name PARTAP SINGH.	
I.D No. 10H352346	Age 43yrs.	Occupation Crane operator.	

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 Guidence 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		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 11/01/2026	Signature	Print Name

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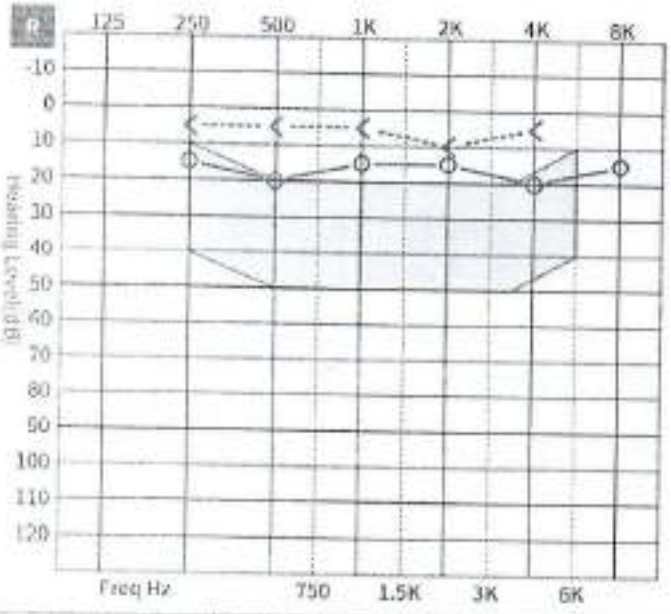
Alnile Hospital
مستشفى النيل

2026642
UHID: AL/MLS-4983
Name: Mr Partap Singh
Age/Gen: 43 Y,7 M,14 D/Male
collectedDateTime 11-01-2026 08:07 AM

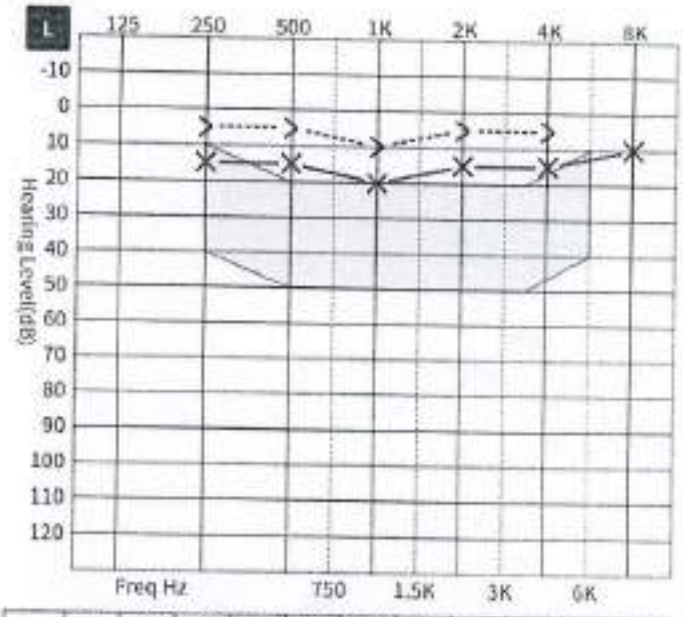
PTA Test Report

ID:4983
Gender:Male

Name:PRATAB SINGH
Age:43Y



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



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

Test Result:NORMAL HEARING SENSITIVITY WITHIN NORMAL LIMITS IN BOTH EARS.

مستشفى النيل
AL NILE HOSPITAL

Test Date:2026-01-10 21:28

Printing Date:2026-01-10 21:28

Examiner:_____

Melison

AL NILE HOSPITAL

2026-01-11 09:22:43
Name :PARTAP SINGH AJAIB
Sex :Male Age :43
Section: DR.ALI
RoomID:
BedID:
ID:
Operator: VEENA

Data for reference only:

HR	bpm	:	63
PR Interval	ms	:	159
P Duration	ms	:	116
QRS Duration	ms	:	102
T Duration	ms	:	197
QT/QTc	ms	:	414/424
P/QRS/T Axis	deg	:	32.3/30.6/25.5
R(V5)/S(V1)	mV	:	2.08/1.82
R(V5)+S(V1)	mV	:	3.90

<< Conclusions >>

Normal Sinus Rhythm;
Cardiac electric axis normal.

Report need physician confirm

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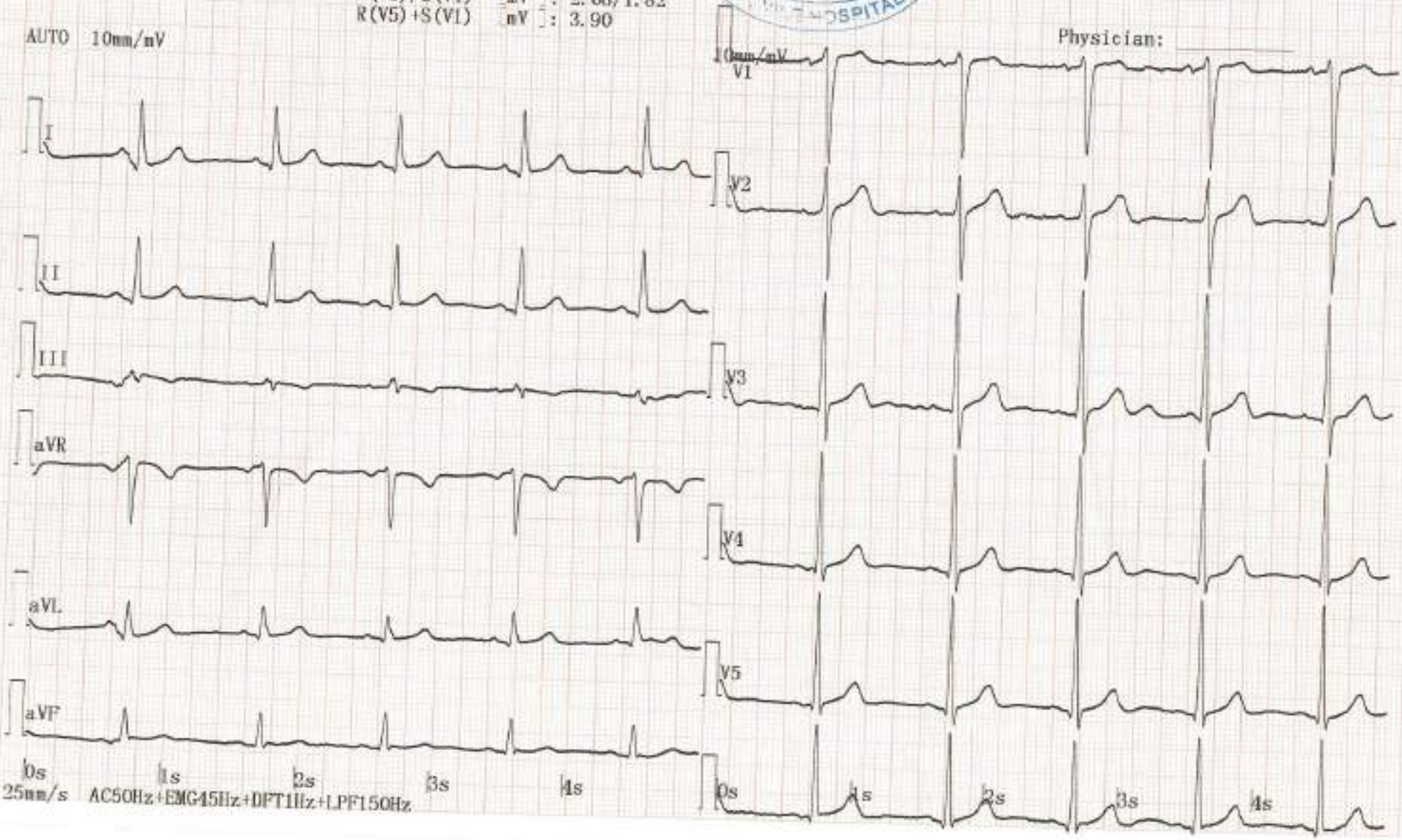
AL NILE HOSPITAL

Physician:

AUTO 10mm/mV



Alnile Hospital
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Estimated 10-year Global CVD Risk
9.4%

Risk Category
Low Risk

Estimated Vascular Age
54 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)

AL NILE HOSPITAL

Alnile
Medical Complex
مجمع النيل الطبي

UHID	ALNILE-4983	Visit Type/No	OP/EPD-1607
Name	Mr Partap Singh	Order No	ODN-3916
Age/Gender	43 Y,7 M,14 D/Male	Order Date/Time	11-01-2026
Mob	95627190	Collection Date/Time	11-01-2026 09:07 AM
Accession Number	2026642	Acknowledge Date/Time	11-01-2026 09:19 AM
Ordering Doctor	Dr Ali Mohammad Ghassah	Report Date/Time	11-01-2026 09:51 AM
Payer Name	TRUCK OMAN	Refer By	
Policy_No	104352346	Civil ID	104352346

BIOCHEMISTRY

Service Name	Result	Unit	Reference Range
LIPID PANEL, Blood			
LDL CHOLESTEROL	125	mg/dL	<150
HDL CHOLESTEROL	59.8	mg/dL	40-60
CHOLESTEROL	196	mg/dL	<200
TRIGLYCERIDE	55.9	mg/dL	40-160
RENAL PROFILE, Blood			
UREA	21.2	mg/dL	15-45
CREATININE	0.964	mg/dL	0.7-1.4
URIC ACID	5.81	mg/dL	3.4-7.0
LIVER PROFILE, Blood			
SGOT	29.4	U/L	<40
SGPT	27.3	U/L	<41
TOTAL PROTEIN	7.25	gm/dl	6.6-8.7
BILIRUBIN TOTAL	**1.25 H**	mg/dL	<1.1
ALKALINE PHOSPHATASE	71.9	U/L	35-104
ALBUMIN	4.87	g/dL	3.5-5.2
GLOBULIN	2.38	g/L	2.0-3.9
BLOOD SUGAR FASTING, **Serum**	**5.65 H**	mmol/L	<5.1

CLINICAL PATHOLOGY

Service Name	Result	Unit	Reference Range
URINE ANALYSIS, Urine			
Physical			
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	0-2	/ hpf	0-2
Squamous Epithelial Cell	FEW /hpf		
Crystal	NIL		
Cast	NIL		
Bacteria	NIL		
Others	NIL		

HAEMATOLOGY

AL NILE HOSPITAL

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Payer Name	TRUCK OMAN	Refer By	
Policy_No	104352346	Civil ID	104352346

Service Name	Result	Unit	Reference Range
Complete blood count (CBC), EDTA Blood			
Haemoglobin	13.1	gm/dl	13-18
TOTAL LEUCOCYTES COUNT	4000	cell/cumm	4000-11000
DIFFERENTIAL COUNT			
Neutrophil	59.2	%	45-70
Lymphocytes	33.3	%	15-45
Eosinophils	2.0	%	1-6
Monocyte	4.9	%	2-8
Basophils	0.6	%	0-1
PACKED CELL VOLUME (HCT)	42.3	%	37-54
RBC COUNT	**5.6 H**	millions/cumm	4.5-5.5
MCV	**75.5 L**	fl	82.9-98.0
MCH	**23.4 L**	pg	27.0-32.3
MCHC	**31.0 L**	g/dL	31.8-34.7
PLATELET COUNT	258000	cells/cumm	150000-450000
RDW-CV	15.4	%	11-16
RDW-SD	42.2	fl	35-56
ESR, Blood	5	mm/hr	0-15

Symonette
Lab Technician
19814

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

AL NILE HOSPITAL