Alnile Hospital
مستشفى النيل

Patient Name: MANJIT SINGH
File No: 21453637
Age: 42y 4m 3d
Gender : Male
Nationality: India

Surname/ Forenames	MANJIT SINGH
Nationality	INDIAN
Company Number:	**Reference Indicator:**

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 96339731 **Home/Leave Address:** INDIA.

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated / Divorced / Widow(er)

Home/Leave Address: India. **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, NIZWA | 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?		✓		
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	✓	✓	Skin eczema.
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?		✓		
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: 19/8/25 **Signature of Applicant:** Manjit

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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. Hernial 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 /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
166cm	80kg	29	120/80	88	L N R N	Uncorrected	6/6		6/6	
						Corrected				

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. Sickle Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 19-02-2025 Name (Block Capitals): Dr. Signature:

Dr. WEAM FAISAL IBRAHIM ALHOUR

REVIEW/CONSULTATION

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

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Alnile Hospital
مستشفى النيل

Patient Name: NANJIT SINGH
File No: 21453437
Age: 42y 4m 3d
Gender : Male
Nationality: India

Employee Data	DATE 19/8/25
NAME: MANJIT SINGH	Company: TRUCK OMAN
ID No. 104352862	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	• No 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	• 1
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 = 1

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

P.O.Box: 300
Nizwa, P.C. 611
Sultanate of Oman

ص.ب: ٣٠٠
الرمز البريدي ٦١١ نزوى
سلطنة عمان

Patient Name: MANJIT SINGH
File No: 21453437
Age: 42y 4m 3d
Gender : Male
Nationality: India

Alnile Hospital
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Fitness to Work Certificate

Employee Data		Date 19/08/25	
Last Name SINGH		First Name MANJIT	
I.D No. 104352860	Age 424	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 19.08.2025	Signature	Print Name

DR. WEAM FAISAL IBRAHIM ALNOUR

AL NILE HOSPITAL

Patient Name: MANJIT SINGH
File No: 21453437
Age: 42y 4m 3d
Gender : Male
Nationality: India

AL NILE MEDICAL CENTER

2025-08-19 08:53:21
Name :MANJIT SINGH
Sex :Male Age :42
Section: DR WEAM
RoomID:
BedID:
ID:
Operator: ANU M

Data for reference only:

HR	bpm	:	78
PR Interval	ms	:	182
P Duration	ms	:	117
QRS Duration	ms	:	67
T Duration	ms	:	186
QT/QTc	ms	:	338/384
P/QRS/T Axis	deg	:	55.7/59.0/28.0
R(V5)/S(V1)	mV	:	1.27/0.61
R(V5)+S(V1)	mV	:	1.89

<< Conclusions >>

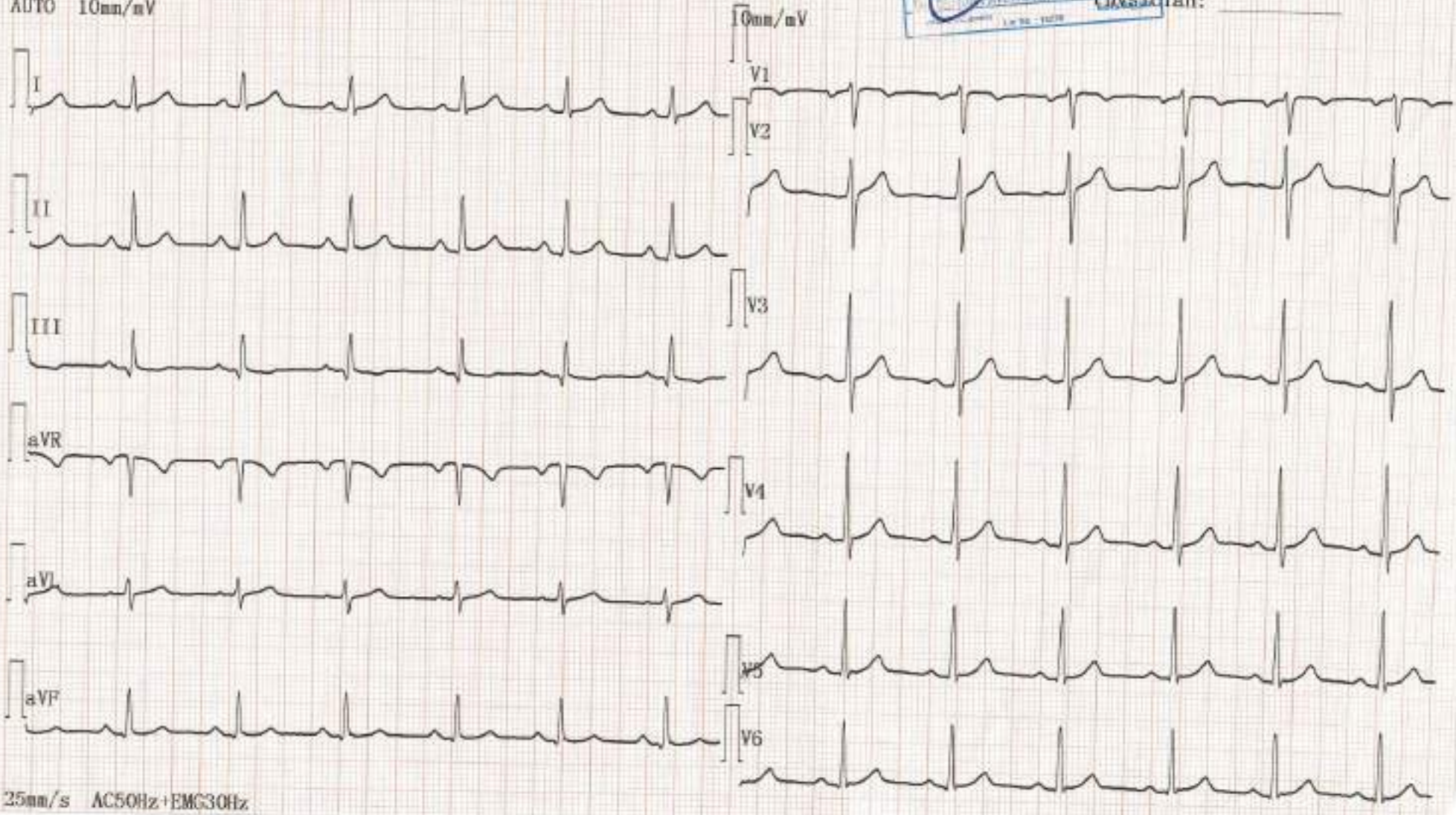
Normal Sinus Rhythm
Cardiac electric axis normal

Report need physician confirm

Physician:

Patient Name: MANJIT SINGH
File No: 21453437
Age: 42y 4m 3d
Gender : Male
Nationality: India

AUTO 10mm/mV



25mm/s AC50Hz+EMG30Hz

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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

Test Name	Result	Biological Reference
URINE ANALYSIS		
Color	Yellow	-
Transparancy	Clear	-
Specific Gravity	1.02	-
PH	Acidic	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-3	-
Erythrocytes	0-2	-
Sequamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-08-19 08:31:37
End of Report

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

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Sultanate Of Oman

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Instagram:https://www.instagram.com/alnile_medical

Lab Report

Patient Name:	MANJIT SINGH			**Date:**	19/08/2025 08:03:32
File No:	21453437	**Age/Gender:** 42y 4m 3d / M		**Sid No:**	Bill#33864
Payer Name:				**Collection Date & Time:**	19/08/2025 07:42:18
Insurance Card No:	--			**Received Date & Time:**	19/08/2025 08:03:32
Doctor:	DR. Weam Faisal Ibrahim Alnour			**Reported Date & Time:**	19/08/2025 08:26:36
Billing Time:	19/08/2025 07:26:08	**Mobile:** 96339731		**Id Card No.:**	104352862

Test Name	Result	Biological Reference
CHOLESTEROL	155.4 mg/dl	< 200.0
LDL CHOLESTEROL	102.0 mg/dl	< 150.0
HDL CHOLESTEROL	**33.62 mg/dl**	40.0 - 60.0
TRIGLYCERIDE	99.8 mg/dl	40.0 - 160.0
ALKALINE PHOSPHATASE	**129.0 U/L**	35.0 - 104.0
SGOT	23.9 U/L	< 40.0
SGPT	29.1 U/L	< 41.0
BILIRUBIN TOTAL	0.444 mg/dl	< 1.1
BLOOD SUGAR FASTING	5.55 mmol/m	3.3 - 6.1
UREA	28.8 mg/dl	15.0 - 45.0
CREATININE	1.29 mg/dl	0.7 - 1.4
URIC ACID	4.9 mg/dl	3.4 - 7.0
TOTAL PROTEIN	7.01 g/dl	6.6 - 8.7
ALBUMIN	4.33 g/dl	3.5 - 5.2
GLOBULIN	2.68 g/L	2.0 - 3.9
ESR(AUTOMATED)	7.0 mm/hr	< 15.0
Complete Blood Count		
Haemoglobin	13.4 mg/dl	13.0 - 18.0
Total leucocyte count	4,550.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	50.1 %	40.0 - 75.0
Lymphocytes	37.3 %	15.0 - 45.0
Eosinophils	6.4 %	1.0 - 6.0
Monocyte	5.9 %	2.0 - 8.0
Basophils	0.3 %	< 10.0
Packed cell volum	40.8 %	< 54.0
RBC count	4.59 millions/mm	4.5 - 5.5
MCV	88.9 fl	81.8 - 95.5
MCH	29.1 pg	27.0 - 32.3
MCHC	32.8 g/dl	32.4 - 35.0
Platelet count	202,000.0 Cu.mm	150,000.0 - 400,000.0
RDW-CV	13.1 %	11.0 - 16.0
RDW-SD	42.5 fl	35.0 - 56.0

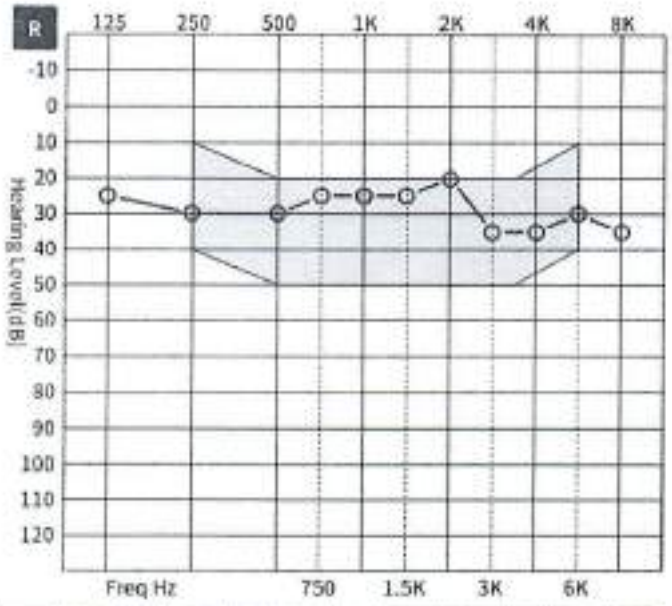
Alnile Hospital
مستشفى النيل

Patient Name: MANJIT SINGH
File No: 21453437
Age: 42y 4m 3d
Gender : Male
Nationality: India

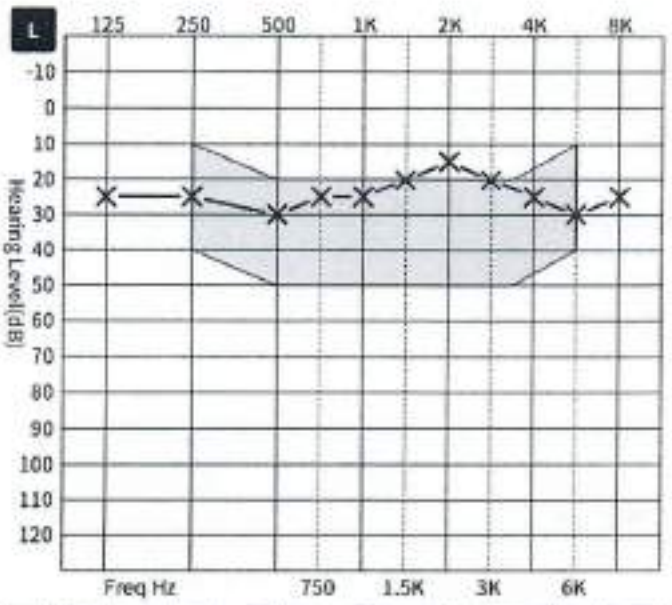
PTA Test Report

ID:21453437 Name:MANJIT SINGH

Gender:Male Age:42Y



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	30	30	25	25	25	20	35	35	30	35
Bone											



	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K
Air	25	25	30	25	25	20	15	20	25	30	25
Bone											

Test Result: BILATERAL HEARING SENSITIVITY IS WITHIN NORMAL LIMITS.

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مجمع النيل الطبي
إبتسام بنت خميس السابمية
هاوية أنف و أذن و حنجرة
Lic No. : 458

Test Date:2025-08-18 21:14 Printing Date:2025-08-18 21:14 Examiner:_____

Melison®

Alnile
Medical Complex
مجمع النيل الطبي

Name : MANJIT SINGH

Default Units

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)

Dr. Weam Faisal Ibrahim

DR. WEAM FAISAL IBRAHIM

AL NILE HOSPITAL