Alnile Hospital
مستشفى النيل

Fitness to Work Certificate

Employee Data		Date 15/04/2025	
Last Name SINGH		First Name SUKHWINDER	
I.D No. 10370281	Age 37 years	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 with no restrictions ✓ FIT			
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 29/04/2025	Signature	Print Name

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

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				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
176cm	77kg	24,86	150/90	71 / mins.	L N R N	Uncorrected	6/6	6/6	6/6	6/6	Nor.
						Corrected	6/6	6/6	6/6	6/6	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
N		1. Urinalysis	mild elevation in SGPT- TO	N		7. Audiogram
N		2. Hb, Blood count, ESR				8. Lung Function
	A	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		N		10. ECG
A	A	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.)
done cardial consultation for BP-DLP treatment given tyle
recent reading 140/85 - Follow up later for monitoring medification

ASSESSMENT:

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

Date: 28/04/2025 Name (Block Capitals): Dr. A/i Ghassah Signature:

REVIEW/CONSULTATION

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

مستشفى النيل
License No.: 624
Sultanate Of Oman
AL NILE HOSPITAL

Alnile Hospital
مستشفى النيل

	Surname/ Forenames: SUKHWINDER SINGH
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	Nationality: INDIAN
Mobile No. 96381637 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: 3

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:

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?		✓	Non compliance with HTN RX
	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: 15/4/25 Signature of Applicant: Sukhwinder Singh

AL NILE HOSPITAL


سلطنة عمان
SULTANATE OF OMAN
RESIDENT
CARD
بطاقة
مقيم
CIVIL NUMBER 103701281
EXPIRY DATE 02/10/2025
DATE OF BIRTH 28/06/1987
SIGNATURE


ROYAL OMAN POLICE
D.G. OF CIVIL STATUS
VEHICLE DRIVING LICENCE
CLASS
NOTE
NAME SUKHWINDER SINGH
NATIONALITY INDIAN
IDOMN1037012819<<<<<<<<<<<<<<<
8706283M2510022IND<<<<<<<<<<<6
SUKHWINDER<SINGH<<<<<<<<<<<<<<

Alnile Hospital
مستشفى النيل

Employee Data	DATE 15/04/25
NAME: SUKHWINDER SINGH	Company: TRUKOMAN
ID No. 10370128 1	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	• 1
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.

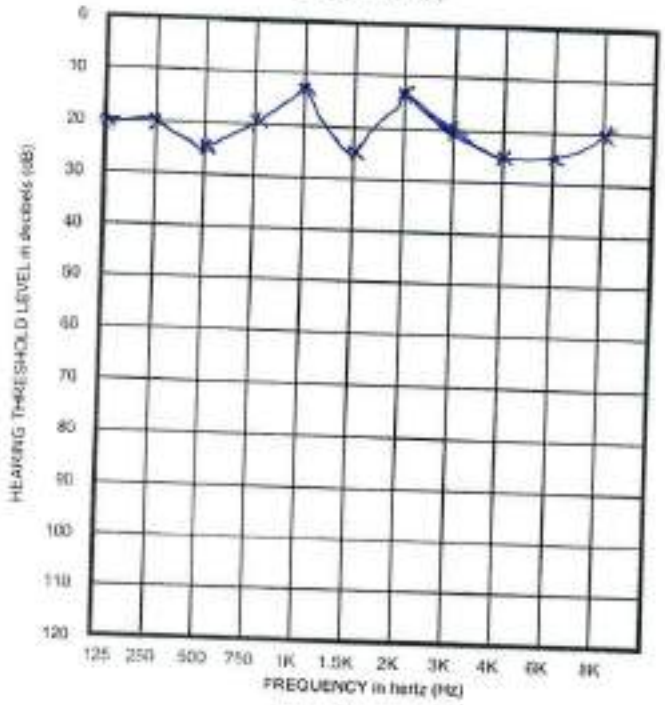
Alnile Hospital
مستشفى النيل

Patient Id :
Name :
Consultant :

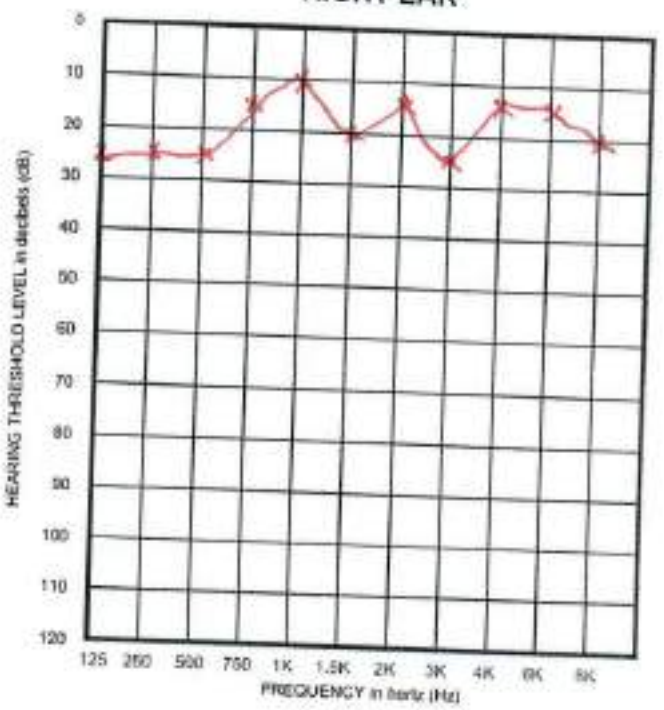
Patient Name: Mr.SUKHWINDER SINGH
File No: 21223402
Age: 37y 9m 20d
Gender : Male
Nationality: India
DR ALI

Age / Gender : 37 4/M
Report Date : 15/04/25

LEFT EAR



RIGHT EAR



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

Provisional Diagnosis: Bilateral hearing Sensitivity is with in normal limits

AL NILE HOSPITAL

Signature Audiologist

Alnile
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/alnile_medical

Test Name	Result	Biological Reference
Color	Yellow	-
Transparancy	Clear	-
Specific Gravity	1.03	-
PH	Acidic	-
Glucose	NIL	-
Acetone	NIL	-
Bilirubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	+	-
Nitrate	NIL	-
Leukocyte	NIL	-
Pus cells	1-3	-
Erythrocytes	1-2	-
Sequamous Epithelial Cell	Few	-
Crystal	NIL	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-04-15 09:15:27
End of Report

مستشفى النيل
Sultanate Of Oman
AL NILE HOSPITAL

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

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Lab Report

Patient Name:	Mr.SUKHWINDER SINGH		**Date:**	15/04/2025 09:01:17
File No:	21223402	**Age/Gender:** 37y 9m 18d / M	**Sid No:**	BillW13348
Payer Name:			**Collection Date & Time:**	15/04/2025 07:25:26
Insurance Card No:	--		**Received Date & Time:**	15/04/2025 09:01:17
Doctor:	Dr. Ali Mohammad Ghassah		**Reported Date & Time:**	15/04/2025 09:07:04
Billing Time:	15/04/2025 07:18:58	**Mobile:** 96381637	**Id Card No.:**	103701281

Test Name	Result	Biological Reference
Complete Blood Count		
Haemoglobin	16.1 mg/dl	13.0 - 18.0
Total leucocyte count	6,900.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	**39.3 %**	40.0 - 75.0
Lymphocytes	43.7 %	15.0 - 45.0
Eosinophils	**10.0 %**	1.0 - 6.0
Monocyte	6.0 %	2.0 - 8.0
Basophils	0.8 %	< 10.0
Packed cell volum	50.4 %	< 54.0
RBC count	**5.51 millions/mm**	4.5 - 5.5
MCV	91.4 fl	81.8 - 95.5
MCH	29.1 pg	27.0 - 32.3
MCHC	**31.9 g/dl**	32.4 - 35.0
Platelet count	281,000.0 Cu.mm	150,000.0 - 400,000.0
RDW-CV	13.9 %	11.0 - 16.0
RDW-SD	46.0 fl	35.0 - 56.0
ESR(AUTOMATED)	1.0 mm/hr	< 15.0
BLOOD SUGAR FASTING	5.49	-
SGPT	48.0 U/L	< 41.0
SGOT	33.0 U/L	< 40.0
BILIRUBIN TOTAL	1.526 mg/dl	< 1.1
ALBUMIN	4.8 g/dl	3.5 - 5.2
ALKALINE PHOSPHATASE	57.0 U/L	35.0 - 104.0
CHOLESTEROL	204.7 mg/dl	< 200.0
TRIGLYCERIDE	**286.4 mg/dl**	40.0 - 160.0
HDL CHOLESTEROL	**31.87 mg/dl**	40.0 - 60.0
LDL CHOLESTEROL	116.0 mg/dl	< 150.0
TOTAL PROTEIN	7.52 g/dl	6.6 - 8.7
URIC ACID	5.6 mg/dl	3.4 - 7.0
CREATININE	1.16 mg/dl	0.7 - 1.4
UREA	20.4 mg/dl	15.0 - 45.0
URINE ANALYSIS		

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

Medical Report

Patient Name: Mr.SUKHWINDER SINGH		Date: 17/04/2025 09:47:51
File No: 21223402	Age/Gender: 37y 10m 0d / M	Nationality: India
Payer Name:--		Doctor: Dr. Bassel Ali Al Ratel
Insurance Card No:	ID Card No: 103701281	Phone: 96381637

Vitals:-

Temperature	BP (SBP/DBP)	Pulse Rate	Respiratory Rate	Weight	Height	SPo2	RBS:	Pain Level	Abdominal Circumference	Head Circumference	CVP	Body Mass Index
36.1° C	160 / 104 mmHG	80 bpm	0 bpm	0.0 kg	0.0 cm	0 SPO2		0	0.0	0.0		0.0

Chief Complaints:-

evaluation of mild elevation in SGPT= 48, mild hypercholesterolemia=202, hypertriglyceridemia, mild proteinuria

Patient History:-

the patient works as crane operator was referred by the GP for evaluation of mild elevation in SGPT= 48, mild hypercholesterolemia=202, hypertriglyceridemia, mild proteinuria the patient recently is fully asymptomatic, has no chest pain, no dyspnoea, no fatigue, no N\V, no abdominal pain, no dysuria Social.H: previous smoker, drinks alcohol occasionally PE: alert, oriented, high BP , RESP and CVS are WNL the patient needs treatment for his uncontrolled HTN and commitment to diet and exercise with follow up after 1 month for further evaluation and he is fit to work as crane operator but should adhere to the medications, and should be seen after 3 weeks for f\u and reevaluation

Prescriptions:-

No.	MOH Code	Medicine	Dosage	Duration	Remarks
1		OMACE TAB 5MG 28S		30 Days	

Dr. Bassel Ali Al Ratel

Licence Number : 19770

2025-04-28 20:21:16

End of Report

AL NILE MEDICAL CENTER

2025-04-15 08:08:53
Name :SUKHWINDER SING
Sex :Male Age :38
Section: DR.ALI
RoomID:
BedID:
ID:
Operator: Shisina

<< Conclusions >>

Normal Sinus Rhythm
Cardiac electric axis normal

Report need physician confirm

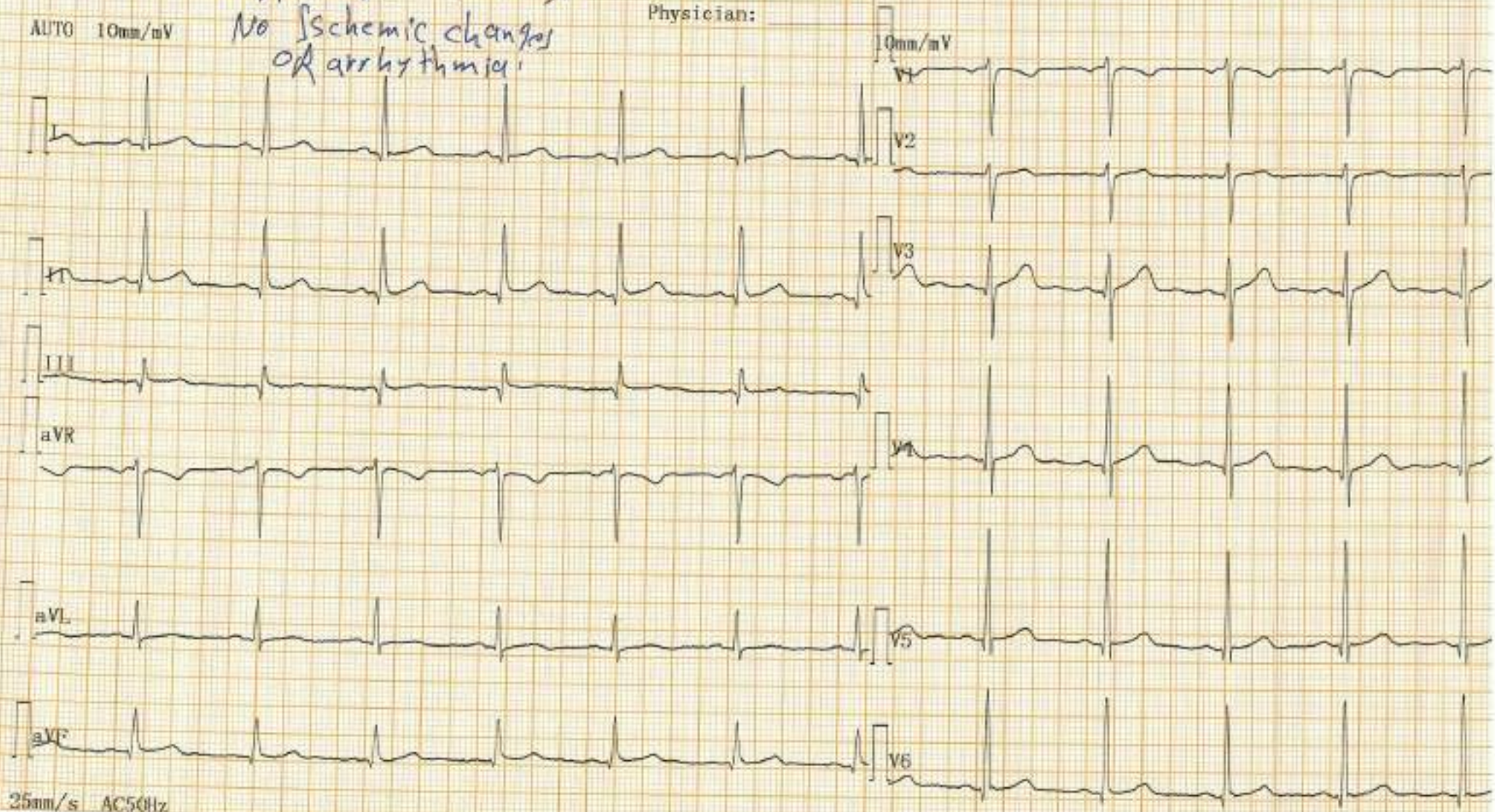
AL NILE HOSPITAL

Test: PDO FITNES
Name: Mr.SUKHW
File No: 21223402
Date: 2025-04-15

Sinus Rhythm. Normal
No Ischemic changes
OR arrhythmia.

Physician:

AUTO 10mm/mV



25mm/s AC50Hz