Alnile Hospital
مستشفى النيل

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	**Surname/ Forenames** SALEEM/ MOHAMMED.
	Nationality PAKISTAN
Mobile No. 93986870 **Home/Leave Address:**	**Company Number:** **Reference Indicator:**

Personal Details

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

Home/Leave Address: PAKISTAN **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter No. of children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: CRANE OPERATOR /ADAM Next Job and Location: CRANE OPERATOR ADAM..

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?		✓		
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?			✓	WALKING - DAILY

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: 15.03.2025 **Signature of Applicant:** M. Saleem

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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	HEARING	VISION			
							DISTANT		NEAR
							R	L	R L
172	57	19.27	120/80	62 /mins.	L ✓ R ✓	Uncorrected	20/20		20/20
						Corrected	20/20		20/20

with Eyeglasses

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.)

SLIGHTLY ELEVATED CHOLESTEROL

DIETRY ADVISE IS GIVEN.

ASSESSMENT AND RECOMMENDATIONS:

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

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

Dr. WEAM FAISAL IBRAHIM ALNOUR

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. Signature

مستشفى النيل
AL NILE

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Employee Data	DATE 15/03/2025
NAME: MOHAMME SALEEM	Company: TRUCK OMAN, PDO
ID No. 96393563	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	• 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.

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Fitness to Work Certificate

Employee Data		Date 15/03/2025	
Last Name SALEEM		First Name MOHAMMED	
I.D No. 96393563.	Age 47 y	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 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			

FIT

Date 15/03/2025	Signature	Print Name Dr. WEAM FAISAL IBRAHIM ALNOUR

AL NILE HOSPITAL


سلطنة عمان
SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
96393563
01/04/2025
11/02/1978
باكستان
الاسم محمد سليم


IDOMN96393563<2<<<<<<<<<<<<<<
7802111M2504018PAK<<<<<<<<<<<4
MOHAMMED<SALEEM<<<<<<<<<<<<<<
PAKISTANI
MOHAMMED SALEEM


مستشفى النيل
AL NILE HOSPITAL

Alnile
Medical Complex
مجمع النيل الطبي

Test: PDO FITNESS TO WORK(41-50	
Name: MOHAMMED SALEEM	
File No: 25004008	Age/Sex: 47 (Y) / M
Date: 2025-03-15	Specimen ID: 7977

Patient Id :

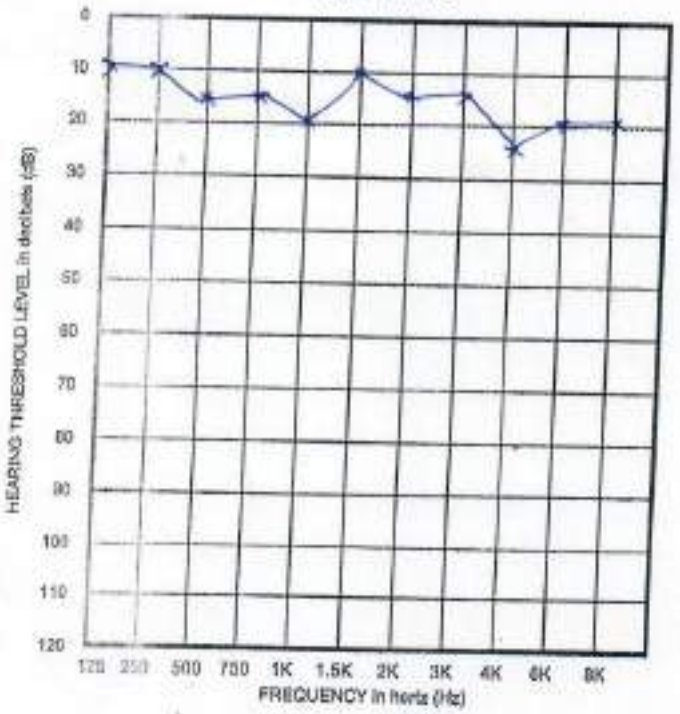
Name :

Consultant : Dr. Ali

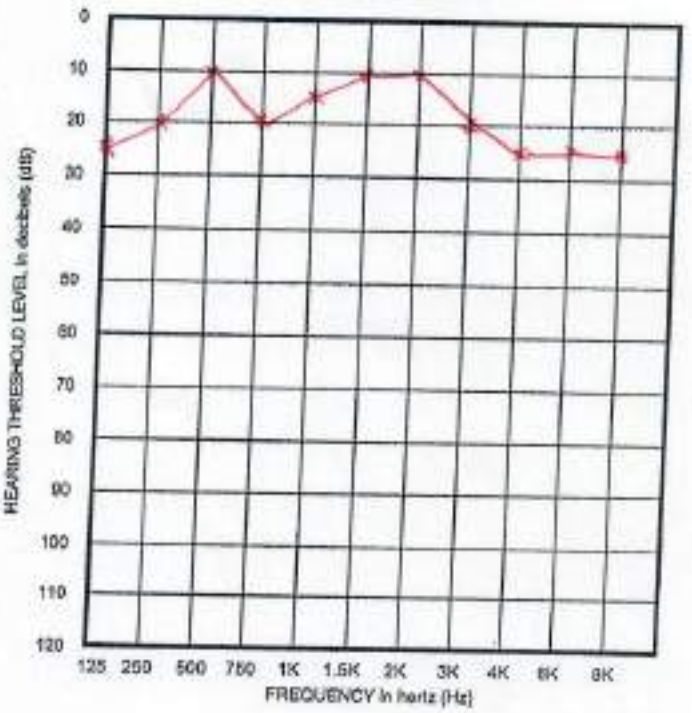
Age / Gender : 47 / M

Report Date : 15/03/25

LEFT EAR



RIGHT EAR



□ → Rt ear

□ → Lt ear

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

Provisional Diagnosis: Bilateral Hearing Sensitivity is in Normal limits.

Signature Audiologist

P.O Box: 500
Nizwa, P.C. 611
Sultanate of Oman
Al Nile Medical Complex

Alnile
Medical Complex
مجمع النيل الطبي

Patient Name: MOHAMMED SALEEM
File No: 25004008
Age: 47y 1m 4d
Gender : Male
Nationality: Pakistan

Name : **MOHAMMED SALEEM**

Results

Default U

Copy Results

Estimated 10-year Global CVD Risk

13.2%

Risk Category

Moderate Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

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

الدكتورة/ وئام فيصل ابراهيم النور
Dr. WEAM FAISAL IBRAHIM ALNOUR
General Practitioner

P.O.Box: 300
Nizwa, P.C. 611
Sultanate of Oman
Al Nile Medical Complex

ص.ب: ٣٠٠
الرمز البريدي: ٦١١ نزوى
سلطنة عمان
مجمع النيل الطبي

AL NILE MEDICAL CENTER

2025-03-15 10:24:02
Name :MOHAMED SALEEM
Sex :Male Age :0
Section: DR.ali
RoomID:
BedID:
ID:
Operator: MAYA

<< Conclusions >>

Sinus node Bradycardia.
Cardiac electric axis normal.
aVL V5 V6 Abnormal T wave.

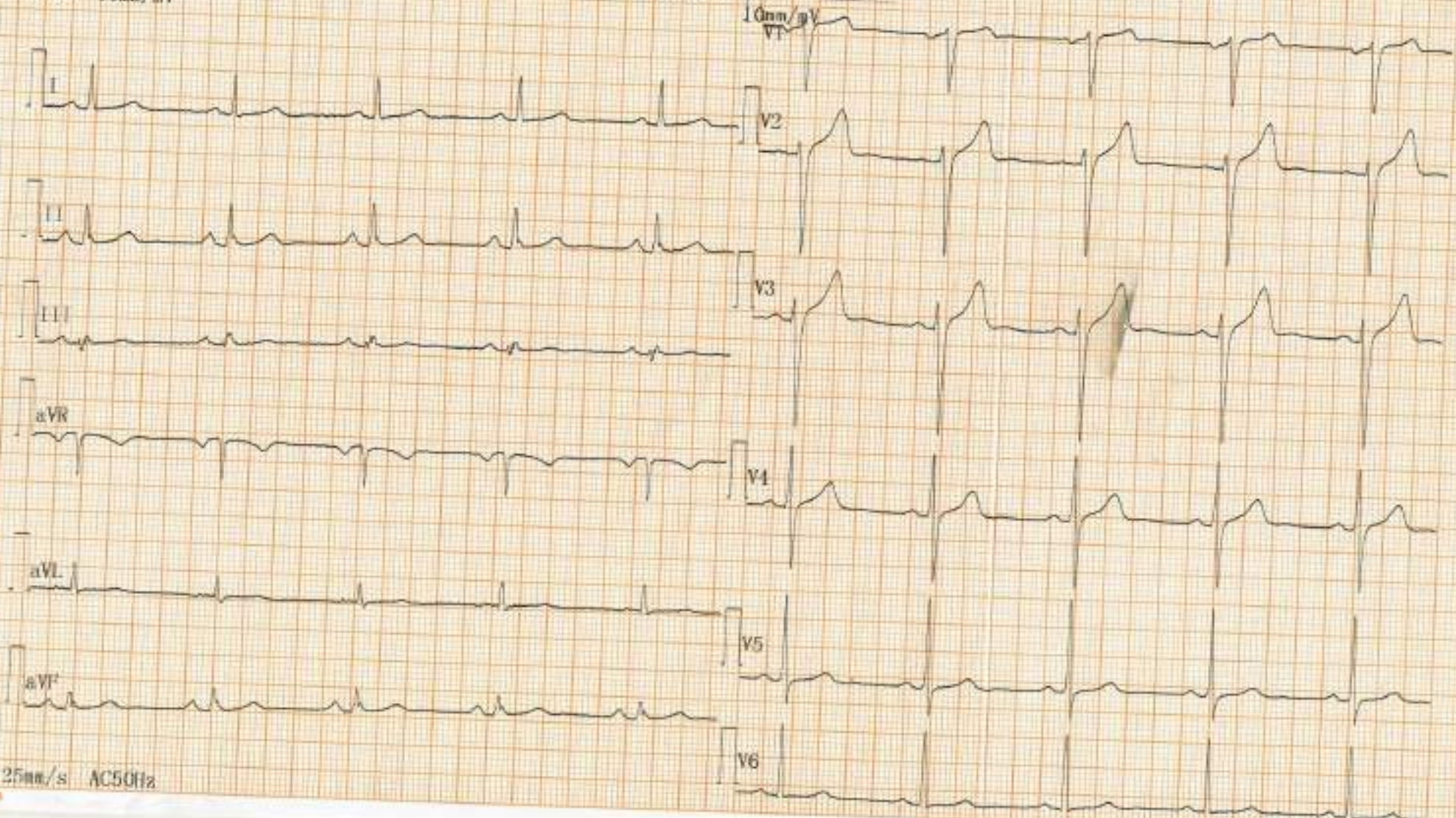
Report need physician confirm

Dr. WEAM FAISAL IBRAHIM ALNOUR

Test: PDO FITNESS TO WORK(41-50
Name: MOHAMMED SALEEM
File No: 25004008 Age/Sex: 47(Y) / M
Date: 2025-03-15 Specimen ID: 7977

AUTO 10mm/mV

Physician:



25mm/s AC50Hz

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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

Lab Report

Patient Name:	MOHAMMED SALEEM			Date:	15/03/2025 10:19:17
File No:	25004008	Age/Gender:	47y 1m 4d / M	Sid No:	Bill#7977
Payer Name:				Collection Date & Time:	15/03/2025 09:56:13
Insurance Card No:	--			Received Date & Time:	15/03/2025 10:19:17
Doctor:	Dr. Ali Mohammad Ghassah			Reported Date & Time:	15/03/2025 10:22:59
Billing Time:	15/03/2025 09:47:35	Mobile:	93986870	Id Card No.:	96393563

Test Name	Result	Biological Reference
Complete Blood Count		
Haemoglobin	15.5 mg/dl	13.0 - 18.0
Total leucocyte count	3,920.0 Cells / Cumm	3,999.0 - 11,000.0
Differential count		
Neutrophil	42.6 %	40.0 - 75.0
Lymphocytes	47.0 %	15.0 - 45.0
Eosinophils	2.6 %	1.0 - 6.0
Monocyte	7.5 %	2.0 - 8.0
Basophils	0.1 %	< 10.0
Packed cell volum	46.1 %	< 54.0
RBC count	5.31 millions/mm	4.5 - 5.5
MCV	86.9 fl	81.8 - 95.5
MCH	29.3 pg	27.0 - 32.3
MCHC	33.6 g/dl	32.4 - 35.0
Platelet count	201,000.0 Cumm	150,000.0 - 400,000.0
RDW-CV	13.0 %	11.0 - 16.0
RDW-SD	41.1 fl	35.0 - 56.0
ESR(AUTOMATED)	4.0 mm/hr	< 15.0
UREA	26.5 mg/dl	15.0 - 45.0
CREATININE	1.26 mg/dl	0.7 - 1.4
URIC ACID	4.7 mg/dl	3.4 - 7.0
ALKALINE PHOSPHATASE	48.0 U/L	35.0 - 104.0
TOTAL PROTEIN	7.68 g/dl	6.6 - 8.7
SGOT	14.5 U/L	< 40.0
SGPT	14.6 U/L	< 41.0
BLOOD SUGAR FASTING	6.01	-
CHOLESTEROL	228.3 mg/dl	< 200.0
TRIGLYCERIDE	107.6 mg/dl	40.0 - 160.0
HDL CHOLESTEROL	48.16 mg/dl	40.0 - 60.0
LDL CHOLESTEROL	159.0 mg/dl	< 150.0
ALBUMIN	4.62 g/dl	3.5 - 5.2
BILIRUBIN TOTAL	0.822 mg/dl	< 1.1
URINE ANALYSIS		

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Test Name	Result	Biological Reference
Color	Yellow	-
Transparancy	Clear	-
Specific Gravity	0.0	-
PH	Alkaline	-
Glucose	NIL	-
Acetone	NIL	-
Bliriubin	NIL	-
Blood	NIL	-
Urobilinogen	NIL	-
Protein	NIL	-
Nitrate	NIL	-
Leukocyte	+	-
Pus cells	7-10	-
Erythrocytes	1-3	-
Sequamous Epithelial Cell	few	-
Crystal	nil	-
Cast	NIL	-
Bacteria	NIL	-
Others	NIL	-

2025-03-15 10:55:57
End of Report

Technician: Hajar Mohammed Hussin Mousa
License No: 9245

AL NILE HOSPITAL