

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



Civil ID / Passport #		Company ID #		CANDIDATE IDENTIFICATION	
				Position	
Nationality	Age	Sex	ent 18062 Reg.Dt 28/11/2022		
			ne AMR MASOOD	Location	

Examination ☒ Pre-employment ☐ Periodic ☐ Exit

Blood Pressure Category: 120/80 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises

BMI Category: 30.7 ☐ Underweight ☐ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity

Remarks:

Visual Acuity Test RT 6/6 LT 6/6 ☒ Normal ☐ Abnormal ☐ Not Required

Visual Field Test ☒ Normal ☐ Abnormal

Stereoscopic Vision Test ☒ Normal ☐ Abnormal ☐ Not Required

Remarks:

Spirometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Chest X-Ray ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal

Remarks:

Audiometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Otoscopy ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)

Remarks:

ECG Test ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal

Remarks:

Physical Assessment ☒ Normal ☐ Abnormal

Pre-existing condition:

Remarks:

Physical Assess. ☒ Normal ☐ Abnormal

Lumbar X-Ray ☒ Normal ☐ Abnormal ☐ Not Required

Remarks:

Lab Tests: ☐ Normal ☒ Abnormal If abnormal, please specify below:

Pre-existing condition:

Remarks: 41BS 4 lipids => for internist consultation.

Glucose Level Category 280 mg/dl ☐ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☒ Diabetic > 126 mg/dl

Cholesterol Risk Category 845 mg/dl ☐ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☒ High Risk LDL >160 mg/dl

Routine Urine Analysis ☐ Normal ☐ Abnormal ☐ Not Required

Stool Analysis ☒ Normal ☐ Abnormal ☐ Not Required

Medical & Surgical History Questionnaire	Remarks
Respiratory Protection Questionnaire	Remarks
Hearing Conservation Questionnaire	Remarks
Screening Questionnaire	Remarks

Fagerstrom Test - Smoking ☐ Non-smoker ☐ Low dependence ☐ Low to Mod dependence ☐ Moderate dependence ☐ High dependence

CAGE Questionnaire Alcohol Use ☐ No use of alcohol ☐ Screening negative ☐ Clinically significant

SRQ-20 Self-reported Questionnaire ☐ No positive answers ☐ Positive answers Factor I (1 to 6) ☐ Positive answers Factor II (7 to 12)

☐ Positive answers Factor III (13 to 16) ☐ Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
Ident	16062	Reg.Dt 28/11/2022
ne	AMIR MASOOD	
		Location

EXAMINATION TYPE

☒ Pre-employment Examination (PRE)	☐ Periodic Medical Examination (PME)	☐ Post-absence Examination
☐ Change of Position Examination	☐ Exit Examination	☐ Critical Activities Examination
☐ Emergency Response Team	☐ Travelling Examination	☐ Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work	☒ Fit to work
	☐ Fit with following restrictions
	☐ Pending Fitness
	☐ Not fit to work

Restrictions

☐ Working at height	☐ Pulling, pushing or carrying weight
☐ Working in confined space	☐ Ascend/descend ladders and stairs
☐ Working with electricity	☐ Walking or standing for long distance/period
☐ Working near rotating machinery	☐ Repetitive movements
☐ Working in noise area	☐ Mobile machinery operation
☐ Working in extreme heat	☐ Heavy lifting operation
☐ Handling chemical products	☐ Driving vehicle
☐ Use of respirator	☐ Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
28/11/2022	

Medical Review Date	Employee Signature
	<i>Amir</i>
Doctor Name	Medical Doctor Signature

