

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION									
Civil ID / Passport #		Company ID #		Position					
105445688		1553		RIGGER					
Nationality		Age		Sex		Date of Birth		Reg. Dt	
BANGLADESH		M		M		22/11/2023		22/11/2023	
Name		MD SUJAN MIA		Gender		Male		Nationality	
								BANGLADESH	
Location		HAINDA							
EXAMINATION TYPE									
Examination ☒ Pre-employment ☐ Periodic ☐ Exit									
VITAL SIGNS & BODY MEASURES									
Blood Pressure Category: 120/80 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises									
BMI Category: 21.51 ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity									
Remarks:									
VISUAL TEST									
Visual Acuity Test		RT 6/6		LT 6/6		Visual Field Test		☒ Normal ☐ Abnormal	
Colour Vision Test		☒ Normal ☐ Abnormal ☐ Not Required		Stereoscopic Vision Test		☐ Normal ☐ Abnormal ☐ Not Required			
Pre-existing condition:									
Remarks:									
RESPIRATORY SYSTEM									
Spirometry Test		☒ Normal ☐ Abnormal ☐ Not Required		Chest X-Ray		☐ Normal ☐ Abnormal ☐ Not Required			
Pre-existing condition:				Physical Assessment		☐ Normal ☐ Abnormal			
Remarks:									
ENT SYSTEM									
Audiometry Test		☒ Normal ☐ Abnormal ☐ Not Required		Otoscopy		☒ Normal ☐ Abnormal ☐ Not Required			
Pre-existing condition:				Physical Assessment		☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)			
Remarks:									
CARDIOVASCULAR SYSTEM									
ECG Test		☒ Normal ☐ Abnormal ☐ Not Required		Physical Assessment		☒ Normal ☐ Abnormal			
Pre-existing condition:									
Remarks:									
NEUROLOGICAL SYSTEM									
Physical Assessment		☒ Normal ☐ Abnormal							
Pre-existing condition:									
Remarks:									
MUSCULOSKELETAL SYSTEM									
Physical Assess.		☒ Normal ☐ Abnormal		Lumbar X-Ray		☒ Normal ☐ Abnormal ☐ Not Required			
Pre-existing condition:									
Remarks:									
LABORATORY INVESTIGATIONS									
Lab Tests:		☒ Normal ☐ Abnormal		If abnormal, please specify below:		Blood Grouping: O+ve			
Pre-existing condition:									
Remarks:									
Glucose Level Category		100 ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl							
Cholesterol Risk Category		100 ☒ 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			
QUESTIONNAIRES									
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/Policlinic		Doctor Signature & Clinic Stamp		Issue Date	
								23.10.2023	

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position	
105445628	1553	RIGGIER	
Nationality	Age	Sex	Location
BANGLADESH			HAIMA
Ident 20599 Reg.Dt 22/10/2021			
me MD SUJAN MIA			
ider Male Nationality BANGLADESH			

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

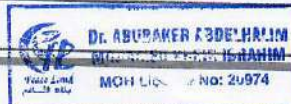
New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22/10/2021	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature

OQ - Occupational Health Department



Form Review - 02-30/05/2021