

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		Position		
Nationality	Age	Sex	Ident 16137 Reg.Dt 28/10/2022	Location	
			ne ALAM KADAM		

EXAMINATION TYPE	
Examination	☒ Pre-employment ☐ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	140/90 ☐ Normal ☒ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises
BMI Category:	28.04 ☐ Underweight ☐ Normal ☒ Overweight ☐ Obese ☐ Morbid Obesity
Remarks:	

VISUAL TEST	
Visual Acuity Test	RT 6/6 LT 6/6 ☒ Normal ☐ Abnormal ☐ Not Required
Colour 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
Physical Assessment	☒ Normal ☐ Abnormal
Remarks:	

ENT SYSTEM	
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required
Otology	☒ Normal ☐ Abnormal ☐ Not Required
Physical Assessment	☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)
Remarks:	

CARDIOVASCULAR SYSTEM	
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required
Physical Assessment	☒ Normal ☐ Abnormal
Remarks:	

NEUROLOGICAL SYSTEM	
Physical Assessment	☒ Normal ☐ Abnormal
Remarks:	

MUSCULOSKELETAL SYSTEM	
Physical Assess.	☒ Normal ☐ Abnormal
Lumbar X-Ray	☒ Normal ☐ Abnormal ☐ Not Required
Remarks:	

LABORATORY INVESTIGATIONS	
Lab Tests:	☒ Normal ☐ Abnormal If abnormal, please specify below:
Blood Grouping:	O+ve
Remarks:	

Glucose Level Category	100 ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl
Cholesterol Risk Category	130 ☒ 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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
D. MOHAMMAD ULLAH				29-10-22

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Nationality	Age	Sex	Ident 16137 Reg.Dt 29/10/2022	Location	
			ne ALAM KADAM		
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				
29-10-2022					
Medical Review Date	Employee Signature		Medical Doctor Signature		
	ALAM		[Signature]		
Doctor Name	Medical License				
Dr. MOHAMMAD ULLAH					
General Practitioner					
MOH License No. : 7790					

OQ - Occupational Health Department



Form Review - 02-30/05/2021