

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION										
Civil ID / Passport #	Company ID #	Position								
		Ident		16137	Reg.Dt 29/10/2022					
Nationality	Age	Sex	Location							
Alam Kadam										
EXAMINATION TYPE										
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit						
VITAL SIGNS & BODY MEASURES										
Blood Pressure Category:	140/90	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Prehypertension	<input type="checkbox"/> Hypertension Stage 1	<input type="checkbox"/> Hypertension Stage 2	<input type="checkbox"/> Hypertension Crises				
BMI Category:	28.04	<input type="checkbox"/> Underweight	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Obese	<input type="checkbox"/> Morbid Obesity				
Remarks:										
VISUAL TEST										
Visual Acuity Test	RT 6/6	LT 6/6	Visual Field Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					
Colour Vision Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Stereoscopic Vision Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					
Pre-existing condition:										
Remarks:										
RESPIRATORY SYSTEM										
Spirometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Chest X-Ray	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required			
Pre-existing condition:	Physical Assessment					<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal			
Remarks:										
ENT SYSTEM										
Audiometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Otoscopy	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required			
Pre-existing condition:	Physical Assessment					<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal			
Remarks:										
CARDIOVASCULAR SYSTEM										
ECG Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Physical Assessment	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal				
Pre-existing condition:										
Remarks:										
NEUROLOGICAL SYSTEM										
Physical Assessment	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal								
Pre-existing condition:										
Remarks:										
MUSCULOSKELETAL SYSTEM										
Physical Assess.	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Lumbar X-Ray	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required				
Pre-existing condition:										
Remarks:										
LABORATORY INVESTIGATIONS										
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below:	Blood Grouping: O+ve						
Pre-existing condition:										
Remarks:										
Glucose Level Category	100	<input checked="" type="checkbox"/> Normal	80 - 100 mg/dl	<input type="checkbox"/> Pre diabetic 100 - 125 mg/dl	<input type="checkbox"/> Diabetic > 126 mg/dl					
Cholesterol Risk Category	130	<input checked="" type="checkbox"/> Low Risk	LDL is less 130 mg/dl	<input type="checkbox"/> Moderate Risk LDL 130-159 mg/dl	<input type="checkbox"/> High Risk LDL >160 mg/dl					
Routine Urine Analysis	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Stool Analysis	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required			
QUESTIONNAIRES										
Medical & Surgical History Questionnaire	Remarks									
Respiratory Protection Questionnaire	Remarks									
Hearing Conservation Questionnaire	Remarks									
Screening Questionnaire	Remarks									
Fagerstrom Test - Smoking	<input type="checkbox"/>	<input checked="" type="checkbox"/> Non-smoker	<input type="checkbox"/>	<input type="checkbox"/> Low dependence	<input type="checkbox"/>	<input type="checkbox"/> Low to Mod dependence	<input type="checkbox"/>	<input type="checkbox"/> Moderate dependence	<input type="checkbox"/>	<input type="checkbox"/> High dependence
CAGE Questionnaire Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/> No use of alcohol	<input type="checkbox"/>	<input type="checkbox"/> Screening negative	<input type="checkbox"/>	<input type="checkbox"/> Clinically significant				
SRQ-20 Self-reported Questionnaire	<input type="checkbox"/>	<input type="checkbox"/> No positive answers	<input type="checkbox"/>	<input type="checkbox"/> Positive answers Factor I (1 to 6)	<input type="checkbox"/>	<input type="checkbox"/> Positive answers Factor II (7 to 12)				
	<input type="checkbox"/>	<input type="checkbox"/> Positive answers Factor III (13 to 16)	<input type="checkbox"/>	<input type="checkbox"/> Positive answers Factor IV (17 to 20)						
Clinic Doctor Name Dr. MOHAMMUD ULLAH General Practitioner OQ - Occupational Health Department Mobile Number: 07750	License #	Hospital/Polyclinic Peace Hospital C.R.NO:2217783	Doctor Signature & Clinic Stamp			Issue Date 29-10-22				
						Form Review - 02-30/05/2021				



# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
Nationality	Age	Sex	16137 Reg.Dt 29/10/2022
		Male	ALAM KADAM
EXAMINATION TYPE			
<input checked="" type="checkbox"/> Pre-employment Examination (PRE)	<input type="checkbox"/> Periodic Medical Examination (PME)	<input type="checkbox"/> Post-absence Examination	
<input type="checkbox"/> Change of Position Examination	<input type="checkbox"/> Exit Examination	<input type="checkbox"/> Critical Activities Examination	
<input type="checkbox"/> Emergency Response Team	<input type="checkbox"/> Travelling Examination	<input type="checkbox"/> Medical Surveillance	
Medical Suitability for Work			
Medical Suitability for Work	<input checked="" type="checkbox"/> Fit to work <input type="checkbox"/> Fit with following restrictions <input type="checkbox"/> Pending Fitness <input type="checkbox"/> Not fit to work		
Restrictions			
<input type="checkbox"/> Working at height	<input type="checkbox"/> Pulling, pushing or carrying weight		
<input type="checkbox"/> Working in confined space	<input type="checkbox"/> Ascend/descend ladders and stairs		
<input type="checkbox"/> Working with electricity	<input type="checkbox"/> Walking or standing for long distance/period		
<input type="checkbox"/> Working near rotating machinery	<input type="checkbox"/> Repetitive movements		
<input type="checkbox"/> Working in noise area	<input type="checkbox"/> Mobile machinery operation		
<input type="checkbox"/> Working in extreme heat	<input type="checkbox"/> Heavy lifting operation		
<input type="checkbox"/> Handling chemical products	<input type="checkbox"/> Driving vehicle		
<input type="checkbox"/> Use of respirator	<input type="checkbox"/> 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		
	ALAM		
Doctor Name <b>Dr. MOHAMMUD ULLAH</b> General Practitioner MOH License No. 1799 OQ - Occupational Health - Department	Medical License	Medical Doctor Signature 	

