

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	[Redacted]		Position	
Nationality	Age	Sex	Ident 16137 Reg.Dt 29/10/2022	Location	
			ne 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	<input type="checkbox"/> Not Required	Stereoscopic Vision Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
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	Otосcopy	<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 (Whisper, Weber & Rinne Tests)		
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"/> Non-smoker <input type="checkbox"/> Low dependence <input type="checkbox"/> Low to Mod dependence <input type="checkbox"/> Moderate dependence <input type="checkbox"/> High dependence
CAGE Questionnaire Alcohol Use	<input type="checkbox"/> No use of alcohol <input type="checkbox"/> Screening negative <input type="checkbox"/> Clinically significant
SRQ-20 Self-reported Questionnaire	<input type="checkbox"/> No positive answers <input type="checkbox"/> Positive answers Factor I (1 to 6) <input type="checkbox"/> Positive answers Factor II (7 to 12) <input type="checkbox"/> Positive answers Factor III (13 to 16) <input type="checkbox"/> Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. MOHAMMAD ULLAH				29-10-22

OQ - Occupational Health Department

Form Review - 02-30/05/2021

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					
<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		Medical Doctor Signature		
	ALAM		Omu		
Doctor Name	Medical License	Hospital			
Dr. MOHAMMAD ULLAH		Peace Land Clinic Mukhiana			
General Practitioner		C.R.NO: 2217763			
MOH License No. : 7790					