

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



Civil ID / Passport #		Company ID #		Position	
Nationality		Age	Sex	Location	

EXAMINATION TYPE		
Examination	<input checked="" type="checkbox"/> Pre-employment	<input type="checkbox"/> Periodic <input type="checkbox"/> Exit

VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	130/90 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Prehypertension <input type="checkbox"/> Hypertension Stage 1 <input type="checkbox"/> Hypertension Stage 2 <input type="checkbox"/> Hypertension Crises
BMI Category:	29.74 <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 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Colour Vision Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Visual Field Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Stereoscopic Vision Test	<input 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
Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Pre-existing condition:	
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
Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Whisper, Weber & Rinne Tests)
Pre-existing condition:	
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:
Pre-existing condition:	Blood Grouping: B+ve
Remarks:	

Glucose Level Category	
89	<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	
129	<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 type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Stool Analysis <input 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 ☐ 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)

Dr. MOHAMMAD ULLAH	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
MOH License No. : 7790				25-10-2022

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				Position
Nationality	Age	Sex	ent 16100 Reg.Dt 24/10/2022		Location
			LOVEPREET SINGH		

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
24-10-2022	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. MOHAMMAD ULLAH General Practitioner MOH License No. : 7790			

