

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CIVIL ID / PASSPORT #			COMPANY ID #	IDENTIFICATION		
				IDENT	16088	Reg.Dt
NATIONALITY	AGE	SEX	NAME	SATNAM SINGH		
			DATE	22/10/2022		
			POSITION			
			LOCATION			
EXAMINATION			EXAMINATION TYPE			
<input checked="" type="checkbox"/> Pre-employment			<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit		
VITAL SIGNS & BODY MEASURES						
Blood Pressure Category: <u>120/80</u> <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: <u>23.62</u> <input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese <input type="checkbox"/> Morbid Obesity						
Remarks:						
VISUAL TEST						
Visual Acuity Test	RT <u>6/6</u>	LT <u>6/6</u>	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 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
Pre-existing condition:				Physical Assessment	<input checked="" 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
Pre-existing condition:				Physical Assessment	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks:	(Whisper, Weber & Rinne Tests)					
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:						
Remarks:						
Blood Grouping: <u>O+</u>						
GLUCOSE LEVEL CATEGORY						
Glucose Level Category	<u>93</u>	<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	<u>120</u>	<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 <u>Dr. MOHAMMAD ULLAH</u> General Practitioner	LICENSE #	Hospital/Polyclinic <u>PEACE LAND HOSPITAL</u> P.O.B: 1133, Surna, Sialkot C.R.NO:2217785	Doctor Signature & Clinic Stamp			ISSUE DATE <u>23-10-2022</u>
OQ - Occupational Health Department <u>MUH License No: 7790</u>	Form Review - 02-30/05/2021					

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION		
Civil ID / Passport #	Company ID #	Position
	10009	Reg.Dt 22/10/2022
Nationality	Age	Sex
		SATNAM SINGH
Location		
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	
22-10-2022		
Medical Review Date	Employee Signature	
Doctor Name  Dr. MOHAMMUD ULLAH General Practitioner MOH License No. 17700	Medical License No.  P.C. 13 Hospital C.R. NO:2217783	Medical Doctor Signature
Form Review - 02-30/05/2021		