

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



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

Examination	<input checked="" type="checkbox"/> Pre-employment	<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit
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VITAL SIGNS & BODY MEASURES			
Blood Pressure Category:	120/80	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Prehypertension
BMI Category:	23.62	<input type="checkbox"/> Underweight	<input checked="" type="checkbox"/> Normal
Remarks:		<input type="checkbox"/> Overweight	<input type="checkbox"/> Obese
		<input type="checkbox"/> Morbid Obesity	

VISUAL TEST			
Visual Acuity Test	RT 6/6	LT 6/6	
Colour 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
Pre-existing condition:			
Remarks:			

ENT SYSTEM			
Audiometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Pre-existing condition:			
Remarks:			

CARDIOVASCULAR SYSTEM			
ECG Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
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	
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:			

LABORATORY INVESTIGATIONS			
Blood Grouping:	O+ve		

LABORATORY INVESTIGATIONS			
Glucose Level Category	93	<input checked="" type="checkbox"/> Normal	80 - 100 mg/dl
Cholesterol Risk Category	120	<input checked="" type="checkbox"/> Low Risk	LDL is less 130 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
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. Muhammad Ullah				23-10-2022

OQ - Occupational Health Department			
Form Review - 02-30/05/2021			

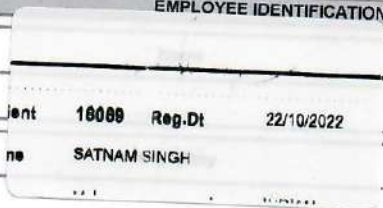


# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



## EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
Name		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	Medical License	Medical Doctor Signature
Dr. MOHAMMAD ULLAH		
General Practitioner		
MOH License No. 7700		

