

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

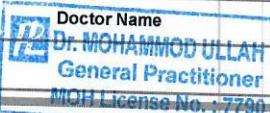
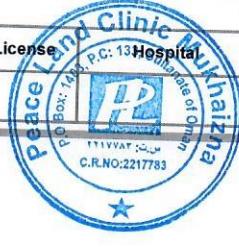


IDENTIFICATION			Position
Civil ID / Passport #	Company ID #	Ent 18089 Reg.Dt 22/10/2022	
Nationality	Age	Sex	Location SATNAM SINGH
EXAMINATION TYPE			
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit		
VITAL SIGNS & BODY MEASURES			
Blood Pressure Category:	120/80 <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:	23.62 <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 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 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:	Chest X-Ray <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required		
Remarks:	Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
(Whisper, Weber & Rinne Tests)			
ENT SYSTEM			
Audiometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Pre-existing condition:	Otoscopy <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Remarks:	Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
CARDIOVASCULAR SYSTEM			
ECG Test	<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:			
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	<input type="checkbox"/> Not Required
Pre-existing condition:	Lumbar X-Ray <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required		
Remarks:			
LABORATORY INVESTIGATIONS			
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below: <input type="text"/>
Pre-existing condition:	Blood Grouping: O+ve		
Remarks:			
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 Dr. MOHAMMAD ULLAH General Practitioner MOH. ULLAH Reg. No. 7790	License #	Doctor Signature & Clinic Stamp	Issue Date 23-10-2022
Form Review - 02-30/05/2021			



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION		
Civil ID / Passport #	Company ID #	Position
	18089	Reg.Dt 22/10/2022
Nationality	Age	Sex
		SATNAM SINGH
EXAMINATION TYPE		
<input checked="" type="checkbox"/> Pre-employment Examination (PRE) <input type="checkbox"/> Change of Position Examination <input type="checkbox"/> Emergency Response Team		<input type="checkbox"/> Periodic Medical Examination (PME) <input type="checkbox"/> Exit Examination <input type="checkbox"/> Travelling Examination
<input type="checkbox"/> Post-absence Examination <input type="checkbox"/> Critical Activities 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"/> Working in confined space <input type="checkbox"/> Working with electricity <input type="checkbox"/> Working near rotating machinery <input type="checkbox"/> Working in noise area <input type="checkbox"/> Working in extreme heat <input type="checkbox"/> Handling chemical products <input type="checkbox"/> Use of respirator	<input type="checkbox"/> Pulling, pushing or carrying weight <input type="checkbox"/> Ascend/descend ladders and stairs <input type="checkbox"/> Walking or standing for long distance/period <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Mobile machinery operation <input type="checkbox"/> Heavy lifting operation <input type="checkbox"/> Driving vehicle <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  OQ - Occupational Health Department	 Medical Doctor Signature	
Form Review - 02-30/05/2021		