

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Position			
105652912	1599	HEAVY DRIVER			
Nationality	Age	Sex	Client	Reg. Dt	19/06/2023
			19329		
Name			FAKHAR HUSSAIN		
Gender			Male		
Nationality			PAKISTANI		

Examination	☒ Pre-employment	☐ Periodic	☐ Exit
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VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	140/90 [] Normal [] Prehypertension ☒ Hypertension Stage 1 [] Hypertension Stage 2 [] Hypertension Crises
BMI Category:	23.15 [] Underweight ☒ Normal [] Overweight [] Obese [] Morbid Obesity
Remarks:	

VISUAL TEST	
Visual Acuity Test	RT 6/6 LT 6/6
Visual Field Test	☒ Normal [] Abnormal
Colour Vision Test	☒ Normal [] Abnormal [] Not Required
Stereoscopic Vision Test	[] Normal [] Abnormal [] Not Required
Pre-existing condition:	
Remarks:	

RESPIRATORY SYSTEM	
Spirometry Test	☒ Normal [] Abnormal [] Not Required
Chest X-Ray	☒ Normal [] Abnormal [] Not Required
Physical Assessment	☒ Normal [] Abnormal
Pre-existing condition:	
Remarks:	

ENT SYSTEM	
Audiometry Test	☒ Normal [] Abnormal [] Not Required
Otoscopy	☒ Normal [] Abnormal [] Not Required
Physical Assessment	☒ Normal [] Abnormal (Whisper, Weber & Rinne Tests)
Pre-existing condition:	
Remarks:	

CARDIOVASCULAR SYSTEM	
ECG Test	☒ Normal [] Abnormal [] Not Required
Physical Assessment	☒ Normal [] Abnormal
Pre-existing condition:	
Remarks:	

NEUROLOGICAL SYSTEM	
Physical Assessment	☒ Normal [] Abnormal
Pre-existing condition:	
Remarks:	

MUSCULOSKELETAL SYSTEM	
Physical Assess.	☒ Normal [] Abnormal
Lumbar X-Ray	☒ Normal [] Abnormal [] Not Required
Pre-existing condition:	
Remarks:	

LABORATORY INVESTIGATIONS	
Lab Tests:	☒ Normal [] Abnormal If abnormal, please specify below:
Blood Grouping:	O -ve
Pre-existing condition:	
Remarks:	

Glucose Level Category	81 ☒ Normal 80 - 100 mg/dl [] Pre diabetic 100 - 125 mg/dl [] Diabetic > 125 mg/dl
Cholesterol Risk Category	130 ☒ Low Risk LDL is less 130 mg/dl [] Moderate Risk LDL 130-159 mg/dl [] High Risk LDL > 160 mg/dl
Routine Urine Analysis	☒ Normal [] Abnormal [] Not Required
Stool Analysis	☒ Normal [] Abnormal [] 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)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
DR. SHAFIQ FAISAL				21-06-2023

OQ - Occupational Health Department

General Practitioner
MOH Lic No. 22368



Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
10565242	1599			HEAVY DRIVER	
Nationality	Age	Sex	Ident	Reg. Dt	
			19329	14/06/2023	
			Name	Location	
			FAKHAR HUSSAIN		
			Gender	Nationality	
			Male	PAKISTANI	
EXAMINATION TYPE					
☒ Pre-employment Examination (PRE)	☐ Periodic Medical Examination (PME)		☐ Post-absence Examination		
☐ Change of Position Examination	☐ Exit Examination		☐ Critical Activities Examination		
☐ Emergency Response Team	☐ Travelling Examination		☐ Medical Surveillance		
Medical Suitability for Work					
Medical Suitability for Work	☒ Fit to work				
	☐ Fit with following restrictions				
	☐ Pending Fitness				
	☐ Not fit to work				
Restrictions					
☐ Working at height	☐ Pulling, pushing or carrying weight				
☐ Working in confined space	☐ Ascend/descend ladders and stairs				
☐ Working with electricity	☐ Walking or standing for long distance/period				
☐ Working near rotating machinery	☐ Repetitive movements				
☐ Working in noise area	☐ Mobile machinery operation				
☐ Working in extreme heat	☐ Heavy lifting operation				
☐ Handling chemical products	☐ Driving vehicle				
☐ Use of respirator	☐ Emergency response duty				
Other, specify					
New Position		New Function		New Department	
NA		NA		NA	
Examination Date	Exams Performed				
19/06/2023					
Medical Review Date	Employee Signature				
	Fah				
Doctor Name	Medical License	Hospital	Medical Doctor Signature		
DR. SHAH FAISAL			872a		

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