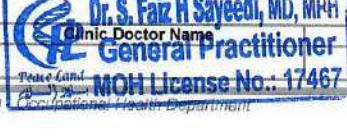
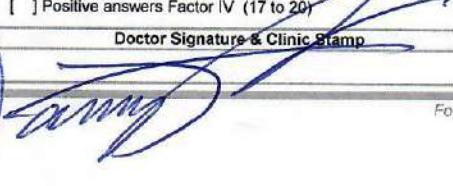


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION			Position	
Civil ID / Passport #	Company ID #		SUPERVISOR	
2058660710351		Ref. 20062	Reg.Dt 04/09/2023	
Nationality	Age	Sex	Location HAIMA	
			name AZZAN SALIM ABDUL RAHMAN AL BALLUSHI	
EXAMINATION TYPE				
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit			
VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	120/70 [<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:	33.69 [<input type="checkbox"/>] Underweight [<input type="checkbox"/>] Normal [<input type="checkbox"/>] Overweight [<input checked="" 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	[<input type="checkbox"/>] Not Required	
Pre-existing condition:	Stereoscopic Vision Test [<input checked="" type="checkbox"/>] Normal [<input type="checkbox"/>] Abnormal [<input type="checkbox"/>] Not Required			
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			
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 [<input type="checkbox"/>] Not Required			
Remarks:	Physical Assessment [<input checked="" type="checkbox"/>] Normal [<input type="checkbox"/>] Abnormal (Whisper, Weber & Rinne Tests)			
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	Lumbar X-Ray [<input type="checkbox"/>] Normal [<input type="checkbox"/>] Abnormal [<input checked="" 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: Blood Grouping: B' +ve	
Pre-existing condition:	<i>Due to his obesity, he should decrease his weight by controlling his diet and daily exercise</i>			
Glucose Level Category	100	[<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	127	[<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 20) [<input type="checkbox"/>] Positive answers Factor III (13 to 16) [<input type="checkbox"/>] Positive answers Factor IV (17 to 20)				
 Dr. S. Faiz H Sayeedi, MD, MPhil Clinic Doctor Name General Practitioner MOH License No.: 17467 Peace Land Omani National Health Department		License # 133 Hospital/Policlinic IP TIVIVAT 204 C.R.NO:2217783		Doctor Signature & Clinic Stamp 
				Issue Date 05/09/2023
Form Review - 02-30/05/2023				

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION						
Civil ID / Passport #	Company ID #				Position	
20586607	10351	Ident	20062	Reg.Dt	04/09/2023	
Nationality	Age	Sex	Name: AZZAN SALIM AHMAD RAHMAN AL BALUSHI			
			Location: HAIMA			
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					
	<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: <input type="text"/>						
New Position	New Function	New Department				
NA	NA	NA				
Examination Date	Exams Performed					
04/09/2023						
Medical Review Date	Employee Signature					
Doctor Name: Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467 <small>OQ - OMAN GOVERNMENT APPROVED</small>	Medical License:	Medical Doctor Signature:				

Doctor Name: **Dr. S. Faiz H Sayeedi, MD, MPH**

General Practitioner
 MOH License No.: 17467
OQ - OMAN GOVERNMENT APPROVED

