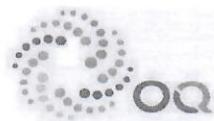


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION						
Civil ID / Passport #	Company ID #			Position		
118037091	1837	Client	19868	Reg.Dt	12/08/2023	
Nationality	Age	Sex	Name: MUSA JOMAIKIBK			
BANGLADESH			Gender: Male Nationality: BANGLADESH			
EXAMINATION TYPE						
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit		
VITAL SIGNS & BODY MEASURES						
Blood Pressure Category:	110/70 M Normal <input type="checkbox"/> Prehypertension <input type="checkbox"/> Hypertension Stage 1 <input type="checkbox"/> Hypertension Stage 2 <input type="checkbox"/> Hypertension Crises					
BMI Category:	18.71 <input checked="" type="checkbox"/> Underweight <input 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	<input type="checkbox"/> Not Required	<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	Chest X-Ray	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Pre-existing condition:	<input checked="" type="checkbox"/> Normal					<input type="checkbox"/> Not Required
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:	<input checked="" type="checkbox"/> Normal					<input type="checkbox"/> Not Required
Physical Assessment	<input checked="" type="checkbox"/> Normal					<input type="checkbox"/> Abnormal
Remarks:						
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	
Pre-existing condition:	<input checked="" type="checkbox"/> Normal					
Remarks:						
LABORATORY INVESTIGATIONS						
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below:			
Pre-existing condition:						
Remarks:						
Glucose Level Category	86 <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	119 <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
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	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp		Issue Date	
Dr. Abdul Rahim Beary					13/08/2023	
MOH Licence No. 1441			Form Review - 02-30/05/2021			
OQ - Occupational Health Department						

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position				
118037091	1837	RUNNER				
Nationality	Age	Sex	Reg.Dt	12/08/2023	Location	
			Name	MILSA JOMAIDER	HAIMA	
			Gender	Male	Nationality	BANGLADESHI

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
12/08/2023	

Medical Review Date	Employee Signature
13/08/2023	

Doctor Name	Medical License	Medical Doctor Signature
Dr. Abdul Rahimn Bearly	Peace Land Clinic Hospital	
MOH Licence No. 1441	C.R.NO:2217783	

