

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

Civil ID / Passport #		Company ID #		ENT 19417		Reg.Dt: 02/07/2023		TIFICATION	
6943442		10378		MOHAMMED SULTAN MOHAMMED AL SHEIBANI				Position LD DRIVER	
Nationality		Age		Sex				Location	

EXAMINATION TYPE			
Examination	☒ Pre-employment	☐ Periodic	☐ Exit

VITAL SIGNS & BODY MEASURES			
Blood Pressure Category	120/80	☒ Normal	☐ Prehypertension
BMI Category	22.41	☒ Normal	☐ Underweight
Remarks:			

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

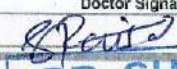
NEUROLOGICAL SYSTEM			
Physical Assessment	☒ Normal	☐ Abnormal	☐ Not Required
Pre-existing condition:			
Remarks:			

MUSCULOSKELETAL SYSTEM			
Physical Assess.	☒ Normal	☐ Abnormal	☐ Not Required
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	80	☒ Normal 80 - 100 mg/dl	☐ Pre diabetic 100 - 125 mg/dl	☐ Diabetic > 125 mg/dl
Cholesterol Risk Category	65	☒ 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 18)	☐ Positive answers Factor IV (17 to 20)			

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. Shah Faizal				03/07/2023

OQ - Occupational Health Department



DR. SHAH FAISAL
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
6943442	10378			LD DRIVER
Nationality	Age	Sex	Reg.Dt	Location
			02/07/2023	
Name			MOHAMMED SULIAN MOHAMMED AL SHEIBANI	

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

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New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
02/07/2023	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAH FAISAL	MOH Lic No. 22368		

