

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



## CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #				Position
81255389	6290				RINGER
Nationality	Age	Sex	Client	19985	Reg.Dt 24/08/2023
			Name	SHIVA RAJU GREEDA	
			Gender	Male	Nationality INDIAN
					EXAMINATION TYPE
Examination	[ <input checked="" type="checkbox"/> ] Pre-employment		[ <input type="checkbox"/> ] Periodic	[ <input type="checkbox"/> ] Exit	

## VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 [  ] Normal [  ] Prehypertension [  ] Hypertension Stage 1 [  ] Hypertension Stage 2 [  ] Hypertension Crises

BMI Category: 29.36 [  ] Underweight [  ] Normal [  ] Overweight [  ] Obese [  ] Morbid Obesity

Remarks:

## VISUAL TEST

Visual Acuity Test	RT <u>6/6</u>	LT <u>6/6</u>	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
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	[ <input type="checkbox"/> ] Not Required	
Pre-existing condition:						Physical Assessment	[ <input 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	[ <input type="checkbox"/> ] Not Required	
Pre-existing condition:						Physical Assessment	<input checked="" type="checkbox"/> Normal	[ <input type="checkbox"/> ] Abnormal

(Whisper, Weber & Rinne Tests)

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	[ <input 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: <u>B +ve</u>	
Pre-existing condition:					

Remarks: SINCE THE AGE IS ABOVE 50, HE NEEDS TMT

Glucose Level Category 99 [  ] Normal 80 – 100 mg/dl [  ] Pre diabetic 100 – 125 mg/dl [  ] Diabetic > 126 mg/dl

Cholesterol Risk Category 129 [  ] 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

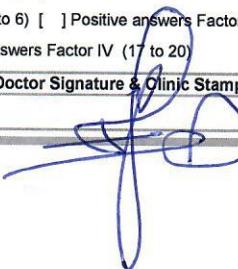
## QUESTIONNAIRES

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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
 Dr. S. Fazil Sayeed, MD, MPH General Practitioner MOH License No.: 17467				<u>16/09/23</u>

Form Review - 02-30/05/2021

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
81255389	6290	Client	19985	Reg.Dt	24/08/2023
Nationality	Age	Sex			
			Name	SHIVA RAJU GHEDA	
			Gender	Male	Nationality
				INDIAN	
Position <b>RIGGER</b>					
Location <b>HAIMA</b>					
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 <input type="text"/>					
New Position	New Function	New Department			
NA	NA	NA			
Examination Date	Exams Performed				
24/08/2023					
Medical Review Date	Employee Signature				
<input type="text"/>					
Doctor Name	Medical License	Hospital	Medical Doctor Signature		
Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner Occupational Health Department MOH License No.: 17467					
Form Review - 02-30/05/2021					

