

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



IDENTIFICATION		
Civil ID / Passport #	Company ID #	
Ent	18084	Reg.Dt 23/10/2022
Nationality	Age	Sex
		SURINDER SINGH

EXAMINATION TYPE

Examination Pre-employment Periodic Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/80 Normal Prehypertension Hypertension Stage 1 Hypertension Stage 2 Hypertension Crises

BMI Category: 27.08 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

Pre-existing condition:

Physical Assessment Normal Abnormal

Remarks:

ENT SYSTEM

Audiometry Test Normal Abnormal Not Required

Otoscopy Normal Abnormal Not Required

Pre-existing condition:

Physical Assessment Normal Abnormal

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: A+ve

Pre-existing condition:

Remarks:

Glucose Level Category 98 Normal 80 – 100 mg/dl Pre diabetic 100 – 125 mg/dl Diabetic > 126 mg/dl

Cholesterol Risk Category 124 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

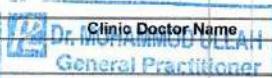
Medical & Surgical History Questionnaire	Remarks
Respiratory Protection Questionnaire	Remarks
Hearing Conservation Questionnaire	Remarks
Screening Questionnaire	Remarks

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)

 Dr. MOHAMMAD ULLAH
General Practitioner



License # Hospital/Policlinic Doctor Signature & Clinic Stamp

Issue Date

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			Position		
Civil ID / Passport #	Company ID #	Ent 18094 Reg.Dt 23/10/2022			
Nationality	Age	Sex	Location		
SURINDER SINGH					
EXAMINATION TYPE					
<input checked="" type="checkbox"/> Pre-employment Examination (PRE) <input type="checkbox"/> Change of Position Examination <input type="checkbox"/> Emergency Response Team		<input type="checkbox"/> Periodic Medical Examination (PME) <input type="checkbox"/> Exit Examination <input type="checkbox"/> Travelling Examination		<input type="checkbox"/> Post-absence Examination <input type="checkbox"/> Critical Activities 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"/> Working in confined space <input type="checkbox"/> Working with electricity <input type="checkbox"/> Working near rotating machinery <input type="checkbox"/> Working in noise area <input type="checkbox"/> Working in extreme heat <input type="checkbox"/> Handling chemical products <input type="checkbox"/> Use of respirator				
	<input type="checkbox"/> Pulling, pushing or carrying weight <input type="checkbox"/> Ascend/descend ladders and stairs <input type="checkbox"/> Walking or standing for long distance/period <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Mobile machinery operation <input type="checkbox"/> Heavy lifting operation <input type="checkbox"/> Driving vehicle <input type="checkbox"/> Emergency response duty				
	Other, specify				
New Position	New Function	New Department			
NA	NA	NA			
Examination Date	Exams Performed				
23-10-2022					
Medical Review Date	Employee Signature				
Dr. MOHAMMAD ULLAH General Practitioner MOH license No.: 17790	Medical License	Hospital	Medical Doctor Signature		
					
OQ - Occupational Health Department		Form Review - 02-30/05/2021			