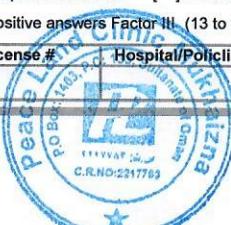


# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



IDENTIFICATION				
Civil ID / Passport #	Company ID #	Position		
Ent	18094 Reg.Dt	23/10/2022		
Nationality	Age	Sex		
Name: SURINDER SINGH				
EXAMINATION TYPE				
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit			
VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	120/80	<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:	27.08	<input type="checkbox"/> Underweight <input checked="" 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		
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	<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	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:		
Pre-existing condition:				
Remarks:				
Glucose Level Category	98	<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	124	<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 12) <input type="checkbox"/> Positive answers Factor III (13 to 16) <input type="checkbox"/> Positive answers Factor IV (17 to 20)			
Clinic Doctor Name Dr. MOHAMMAD JELAHI General Practitioner	License # _____	Hospital/Policlinic _____	Doctor Signature & Clinic Stamp	Issue Date _____
OQ - Occupational Health Department				



Form Review - 02-30/05/2021

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			Position	
Civil ID / Passport #	Company ID #	Ent 16094 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.: 7730	Medical License	Hospital Land Clinic MUMTAZNA	Medical Doctor Signature <i>Surinder Singh</i>	
OQ - Occupational Health Department		Form Review - 02-30/05/2021		