

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Position			
67839954	1282	RIN MOVE SUPERVISOR			
Nationality	Age	Sex	Ident	Reg.Dt	Location
			17778	09/08/2023	HAWA
			Name: HAKEENDRAN NELLAYULLA PARAMBATH		

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: 27.12 ☐ Underweight ☐ Normal ☒ Overweight ☐ Obese ☐ Morbid Obesity

Remarks: WEIGHT CONTROL / EXERCISE REGULARLY

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

Physical Assessment: ☐ Normal ☐ Abnormal

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

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: 105 ☐ Normal 80 - 100 mg/dl ☒ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl

Cholesterol Risk Category: 126 ☐ 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 5) ☐ Positive answers Factor II (7 to 12)

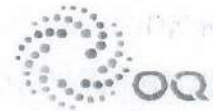
☐ Positive answers Factor III (13 to 16) ☐ Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
				13/08/2023



Dr. Abdul Rahiman Beary
MOH Licence No. 1441

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
67839954	1282	RIG MOYE SUPERVISOR
Nationality	Age	Sex
Ident	17778	Reg.Dt 09/08/2023
me	HAKEENIDRAN NELLAYULLA PARAMBATH	
		Location
		HAIMA

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

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
09/08/2023	

Medical Review Date	Employee Signature
13/08/2023	

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. Abdul Rahimian Beary	MOH Licence No. 1441		

