

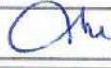
MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



Civil ID / Passport #			Company ID #			POSITION		
			Ent 18101	Reg.Dt 24/10/2022				Position
Nationality			Age	Sex	Name GURDIAL SINGH			Location
EXAMINATION TYPE								
Examination		<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic		<input type="checkbox"/> Exit		
VITAL SIGNS & BODY MEASURES								
Blood Pressure Category: <u>120/70</u> <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: <u>16.76</u> <input checked="" type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese <input type="checkbox"/> 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		
Pre-existing condition:								
Remarks:								
RESPIRATORY SYSTEM								
Spirometry Test <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		
Remarks:			Physical Assessment <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal		
(Whisper, Weber & Rinne Tests)								
ENT SYSTEM								
Audiotometry Test <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal			<input type="checkbox"/> Not Required		
Pre-existing condition:			Otoscopy <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal		
Remarks:			Physical Assessment <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal		
CARDIOVASCULAR SYSTEM								
ECG Test <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		
Remarks:								
NEUROLOGICAL SYSTEM								
Physical Assessment <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		
Remarks:								
MUSCULOSKELETAL SYSTEM								
Physical Assess. <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal			<input type="checkbox"/> Not Required		
Pre-existing condition:			Lumbar X-Ray <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal		
Remarks:								
LABORATORY INVESTIGATIONS								
Lab Tests: <input checked="" type="checkbox"/> Normal			<input type="checkbox"/> Abnormal			If abnormal, please specify below: <input type="text"/>		
Pre-existing condition:						Blood Grouping: <u>A+ve</u>		
Remarks:								
Glucose Level Category <u>87</u> <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 <u>97</u> <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 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 <u>Dr. MOHAMMUD ULLAH</u>			License #			Doctor Signature & Clinic Stamp		
OQ - Occupational Health Department						Issue Date <u>25-10-2021</u>		
MOH License No. : 7790								
PEACE MEDICAL & POLYCLINIC POB: 133, F.C: 133, G.O: 133, D.G: 133 ESTD: 1995 C.R.H.O: 2217785								
Form Review - 02-30/05/2021								

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				Position
		Ent 10101	Reg.Dt 24/10/2022		
Nationality	Age	Sex	18	GURDIAL SINGH	Location
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				
Restrictions					
<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				
24-10-2022					
Medical Review Date	Employee Signature				
	Gurdial				
Doctor Name Dr. MOHAMMUD ULLAH General Practitioner MOH License No. 17700 OQ - Occupational Health Department	Medical License	Hospital	Medical Doctor Signature		
					
Form Review - 02-30/05/2021					