

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION							
Civil ID / Passport #	Company ID #					Position	
83986467	2014					HD DRIVER.	
Nationality	Age	Sex	Client	19858	Reg.Dt	10/08/2023	Location
			Name	ANWAR MOHAMMAD			
			Gender	Male	Nationality	INDIAN	Address

Examination Pre-employment Periodic Exit

VITAL SIGNS & BODY MEASURES

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

BMI Category: 28.09 Underweight Normal Overweight Obese Morbid Obesity

Remarks: ADV. WEIGHT CONTROL / REGULAR EXERCISE

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 (Whisper, Weber & Rinne Tests)

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: B+ve

Pre-existing condition:

Remarks:

Glucose Level Category 95 Normal 80 – 100 mg/dl Pre diabetic 100 – 125 mg/dl Diabetic > 126 mg/dl

Cholesterol Risk Category 127 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

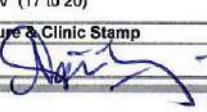
Medical & Surgical History Questionnaire	Remarks
Respiratory Protection Questionnaire	Remarks
Hearing Conservation Questionnaire	Remarks
Screening Questionnaire	Remarks

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)

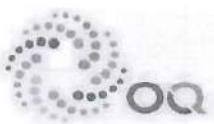
Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
<u>Dr. Abdul Rahimian Beary</u>				<u>13/08/2023</u>

MOH Licence No. 1441

OQ - Occupational Health Department

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
83986467	2014	Client	1985M	Reg.Dt	10/08/2023
Nationality	Age	Sex			
			Name	ANWAK MOHAMMAD	
			Gender	Male	Nationality INDIAN
Position					
HD DRIVER					
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				
	<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					
Restrictions					
<input type="checkbox"/> Other, specify					
New Position	New Function			New Department	
NA	NA			NA	
Examination Date	Exams Performed				
10/08/2023					
Medical Review Date	<input type="checkbox"/> Employee Signature 				
13/08/2023					
Doctor Name	Medical License	Hospital	Medical Doctor Signature		
Dr. Abdul Rahimna Bary	MOH Licence No. 1441				