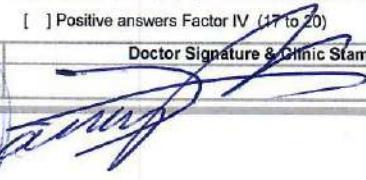


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION							
Civil ID / Passport #	Company ID #				Position		
27703761	10463	Ident	1998	Reg.Dt	22/08/2023		
Nationality	Age	Sex	Name: AMMAR WAQID MOHAMMED ABDUL RAHIM AL BUSAIDI				
EXAMINATION TYPE							
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit			
VITAL SIGNS & BODY MEASURES							
Blood Pressure Category:	130/80		<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:	24.62		<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	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	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal		
Pre-existing condition:							
Remarks:							
RESPIRATORY SYSTEM							
Spirometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Chest X-Ray	<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:							
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 type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input checked="" 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:		Blood Grouping: O+		
Pre-existing condition:							
Remarks:							
Glucose Level Category: 98							
Cholesterol Risk Category	76	<input checked="" type="checkbox"/> Low Risk LDL is less than 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	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp		Issue Date		
Dr. MOHAMMED ULLAH General Practitioner OQ - Occupational Health Department MOH License No. : 7790					23/08/2023		
Form Review - 02-30/05/2021							

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
2770376	10463	Ident	1998	Reg.Dt	22/08/2023
Nationality	Age	Sex	Name: AMMAR WAQID MOHAMMED ABDUL RAHIM AL BUSAIDI		

HSE ADVISOR

Position

Location

HAIMDA

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				

Restrictions

<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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22/08/2023	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. MOHAMMED ABDUL RAHIM AL BUSAIDI	General Practitioner	Peace Land Clinic	
OQ - Occupational Health Department		Form Review - 02-30/05/2021	
MOH License No.: 7790			
			