# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY T.O.

## CANDIDATE / EMPLOYEE IDENTIFICATION

HARJOT SINGH DILBAGH SINGH
# 0042416 # 25 Y(M) BAS-Rw Bill: 00501
77704 <Blank> 18/05/23 08:53

| Civil ID / Passport # | Company ID # | Position |
|---|---|---|
| 130917805 | | Helper |

| Nationality | Age | Sex | Location |
|---|---|---|---|
| Indian | 02/9/97 | | |

**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: 24 [ ] Underweight [ ✓ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

## VISUAL TEST

Visual Acuity Test RT ✓ LT ✓ 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+

Pre-existing condition:

Remarks:

Glucose Level Category 82 [ ✓ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 89 [ ] 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/Polliclinic | Doctor Signature & Clinic Stamp | Issue Date |
|---|---|---|---|---|
| | | | | 21/5/23 |

PEACE LAND MEDICAL CENTER رقم الترخيص: 2775

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

## EMPLOYEE IDENTIFICATION

HARJOT SINGH DILBAGH SINGH
# 0042418 # 25 Y(M) BAS-Rw Bill: 00501
77704 <Blank> 18/05/23 08:53

| Civil ID / Passport # | Company ID # | | Position |
|---|---|---|---|
| | | | Helper |
| **Nationality** | **Age** | **Sex** | **Location** |
| | | | |

## 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<br>[ ] Fit with following restrictions<br>[ ] Pending Fitness<br>[ ] Not fit to work |

FIT

**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 |

| Examanation Date | Exams Perfomed |
|---|---|
| 18/5/23 | |

| Medical Review Date | Employee Signature |
|---|---|
| | |

| Doctor Name | Medical License | Hospital | Medical Doctor Signature |
|---|---|---|---|
| | | | |

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