

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O. 

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	HARJOT SINGH DILBAGH SINGH #0042418 #25 Y(M) BAS-Pw Bit: 00501  77704 <Blank> 18/05/23 08:53	
Nationality	Age	Sex	Position
Indian	02/9/97		Helper
Location			

EXAMINATION TYPE			
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: 21 ☐ 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

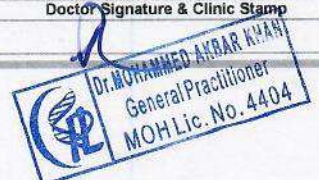
QUESTIONNAIRES

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

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 18) ☐ Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polio Clinic	Doctor Signature & Clinic Stamp	Issue Date
				<u>21/5/23</u>

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		HARJOT SINGH DILBAGH SINGH # 0042418 # 25 Y(M) BAS-Pw Bitt 00501		Position
Nationality	Age	Sex			Location
			77704 <Blank> 18/05/23 08:53		

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

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

Examination Date	Exams Performed
18/5/23	

Medical Review Date	Employee Signature
Doctor Name	Medical Doctor Signature

