

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-Rw Bill: 00501	Position 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: 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

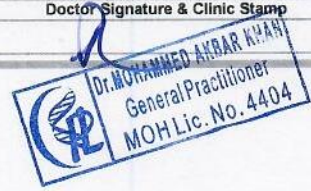
Medical & Surgical History Questionnaire	Remarks
Respiratory Protection Questionnaire	Remarks
Hearing Conservation Questionnaire	Remarks
Screening Questionnaire	Remarks

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/Polio Clinic	Doctor Signature & Clinic Stamp	Issue Date
			<i>Dr. MOHAMMED AKBAR KHAN</i>	<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) BAC-Pw Bilit 00501		Position	
Nationality	Age	Sex	 77704 <Blank> 18/05/23 08:53	Helper	
				Location	

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

FIT

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
18/5/23	

Medical Review Date	Employee Signature
	<i>Harjot</i>

Doctor Name	Medical License	Hospital	Medical Doctor Signature
			<i>[Signature]</i>

