

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O



Civil ID / Passport # 130909311		Company ID #		MAHESH GOLI # 0042415 # 36 Y(M) BAS-Rw Bill: 00501		Position Helper	
Nationality Indian	Age 16/5/87 m	Sex	77703 <Blank> 18/05/23 08:48		Location		

Examination	<input checked="" type="checkbox"/> Pre-employment	<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit
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VITAL SIGNS & BODY MEASURES							
Blood Pressure Category:	120/80	<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:	25	<input type="checkbox"/> Underweight	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Obese	<input type="checkbox"/> Morbid Obesity	
Remarks:							

VISUAL TEST							
Visual Acuity Test	RT 6	LT 6					
Colour Vision Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Visual Field Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Pre-existing condition:				Stereoscopic Vision Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
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	Otосcopy	<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					
Pre-existing condition:				Lumbar X-Ray	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Remarks:							

LABORATORY INVESTIGATIONS							
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below:				
Pre-existing condition:				Blood Grouping:	O+		
Remarks:							

Glucose Level Category	80	<input checked="" type="checkbox"/> Normal 80 - 100 mg/dl	<input type="checkbox"/> Pre diabetic 100 - 125 mg/dl	<input type="checkbox"/> Diabetic > 126 mg/dl
Cholesterol Risk Category	107	<input checked="" type="checkbox"/> Low Risk LDL is less 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 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 checked="" 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 checked="" type="checkbox"/> No use of alcohol	<input type="checkbox"/> Screening negative	<input type="checkbox"/> Clinically significant				
SRQ-20 Self-reported Questionnaire	<input checked="" 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
				21/5/23



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	MAHESH GOLI # 0042415 # 36 Y(M) BAS-Pw Bill: 00501 		Position	
Nationality	Age	Sex		<i>Helper</i> Location	

EXAMINATION TYPE		
<input 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
18/5/2023	Usm - Diet, exam, advice

Medical Review Date	Employee Signature	
	<i>G. Gohel</i>	
Doctor Name	Medical License	Medical Doctor Signature

