

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O



Civil ID / Passport #	Company ID #	MAHESH GOLI	IFICATION								
130909315		# 0042418 # 36 Y(M) BAS-Rw Bill: 00501	Position								
Nationality	Age	77703 <Blank> 18/05/23 08:48	Location								
Indian	16/187 m	Helper									
EXAMINATION TYPE Examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit											
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											
VISUAL TEST Visual Acuity Test RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/> 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 Stereoscopic Vision Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required											
RESPIRATORY SYSTEM Spirometry Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Chest X-Ray <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
ENT SYSTEM Audiometry Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Otoscopy <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Whisper, Weber & Rinne Tests)											
CARDIOVASCULAR SYSTEM ECG Test <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal											
NEUROLOGICAL SYSTEM Physical Assessment <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Remarks:											
MUSCULOSKELETAL SYSTEM Physical Assess. <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Lumbar X-Ray <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required											
LABORATORY INVESTIGATIONS Lab Tests: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal If abnormal, please specify below: <input type="checkbox"/> Blood Grouping: O+ Pre-existing condition: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Remarks:											
Glucose Level Category 80 <input 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 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 <input type="checkbox"/> Stool Analysis <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required											
QUESTIONNAIRES <table border="1"> <tr> <td>Medical & Surgical History Questionnaire</td> <td>Remarks</td> </tr> <tr> <td>Respiratory Protection Questionnaire</td> <td>Remarks</td> </tr> <tr> <td>Hearing Conservation Questionnaire</td> <td>Remarks</td> </tr> <tr> <td>Screening Questionnaire</td> <td>Remarks</td> </tr> </table>				Medical & Surgical History Questionnaire	Remarks	Respiratory Protection Questionnaire	Remarks	Hearing Conservation Questionnaire	Remarks	Screening Questionnaire	Remarks
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 #	Doctor Signature & Clinic Stamp	Issue Date								
PEACE LAND MEDICAL CENTER		DR. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404									
OQ - Occupational Health Department		Form Review - 02-30/05/2021									

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	MAHESH GOLI # 0042415	# 36 Y(M) BAS-Rw Bill: 00501	Position	Helper
Nationality		Age	Sex	77703 <Blank>	18/05/23 08:48
EXAMINATION TYPE					
<input type="checkbox"/> Pre-employment Examination (PRE) <input type="checkbox"/> Change of Position Examination <input type="checkbox"/> Emergency Response Team		<input type="checkbox"/> Periodic Medical Examination (PME) <input type="checkbox"/> Exit Examination <input type="checkbox"/> Travelling Examination		<input type="checkbox"/> Post-absence Examination <input type="checkbox"/> Critical Activities 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"/> Working in confined space <input type="checkbox"/> Working with electricity <input type="checkbox"/> Working near rotating machinery <input type="checkbox"/> Working in noise area <input type="checkbox"/> Working in extreme heat <input type="checkbox"/> Handling chemical products <input type="checkbox"/> Use of respirator			<input type="checkbox"/> Pulling, pushing or carrying weight <input type="checkbox"/> Ascend/descend ladders and stairs <input type="checkbox"/> Walking or standing for long distance/period <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Mobile machinery operation <input type="checkbox"/> Heavy lifting operation <input type="checkbox"/> Driving vehicle <input type="checkbox"/> Emergency response duty		
Other, specify					
New Position	New Function		New Department		
NA	NA		NA		
Examination Date	Exams Performed				
18/5/2023	Urn - Dih, eraser, odore				
Medical Review Date	Employee Signature				
Doctor Name	Medical License	 <i>S. Bhatti</i> Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404			
OQ - Occupational Health Department					