

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O



Civil ID / Passport # 105985642	Company ID #
Nationality Indian	Age 12/2/76
Sex an	

PREMJIT SINGH

0042428

47 Y(M)

BAS-Rw Bill:

00501



77716

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18/05/23 10:35

ITION

Position

HDD

Location

Examination	☒ Pre-employment	☐ Periodic	☐ Exit
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EXAMINATION TYPE

VITAL SIGNS & BODY MEASURES

Blood Pressure Category:	140/90	☐ Normal	☐ Prehypertension	☒ Hypertension Stage 1	☐ Hypertension Stage 2	☐ Hypertension Crises
BMI Category:	29	☐ Underweight	☐ Normal	☒ Overweight	☐ Obese	☐ Morbid Obesity

Remarks:

Visual Acuity Test	RT ☒ Normal	LT ☒ Normal	☐ Not Required
Colour Vision Test	☒ Normal	☐ Abnormal	☐ Not Required
Pre-existing condition:			

VISUAL TEST

Visual Field Test	☒ Normal	☐ Abnormal
Stereoscopic Vision Test	☒ Normal	☐ Abnormal
	☐ Not Required	

Remarks:

Spirometry Test	☒ Normal	☐ Abnormal	☐ Not Required
Pre-existing condition:			

RESPIRATORY SYSTEM

Chest X-Ray	☒ Normal	☐ Abnormal	☐ Not Required
Physical Assessment	☒ Normal	☐ Abnormal	

Remarks:

Audiometry Test	☒ Normal	☐ Abnormal	☐ Not Required
Pre-existing condition:			

ENT SYSTEM

Otoscopy	☐ Normal	☐ Abnormal	☐ Not Required
Physical Assessment	☒ Normal	☐ Abnormal	(Whisper, Weber & Rinne Tests)

Remarks:

ECG Test	☒ Normal	☐ Abnormal	☐ Not Required
Pre-existing condition:			

CARDIOVASCULAR SYSTEM

Physical Assessment	☒ Normal	☐ Abnormal
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Remarks:

Physical Assessment	☒ Normal	☐ Abnormal
Pre-existing condition:		

NEUROLOGICAL SYSTEM

Remarks:

Physical Assess.	☒ Normal	☐ Abnormal
Pre-existing condition:		

MUSCULOSKELETAL SYSTEM

Lumbar X-Ray	☒ Normal	☐ Abnormal	☐ Not Required
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Remarks:

Lab Tests:	☐ Normal	☐ Abnormal	If abnormal, please specify below:
Pre-existing condition:			

LABORATORY INVESTIGATIONS

Blood Grouping: **(O +ve)**

Glucose Level Category	160	☐ Normal 80 - 100 mg/dl	☐ Pre diabetic 100 - 125 mg/dl	☒ Diabetic > 126 mg/dl
Cholesterol Risk Category	150	☐ 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 18) ☐ Positive answers Factor IV (17 to 20)

Clinic Doctor Name

License #

Hospital/Police

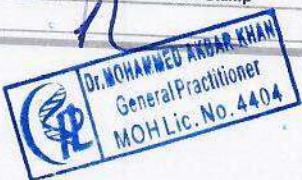
Doctor Signature & Clinic Stamp

Issue Date

30/5/23

Form Review - 02-30/05/2021

OQ - Occupational Health Department



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



Civil ID / Passport #		Company ID #		PREMJIT SINGH # 0042428 # 47 Y(M) SAS-Pn Bill: 00501		Position HDD	
Nationality		Age	Sex	77716 <Blank> 18/05/23 10:35		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 ☐ 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 18/5/23	Exams Performed 4m - Diet exercise, + 1st advice - Hx/PE/DLP/DM on Rx to patient from NMC. - F10 in LMC for D.P. clarity / genetic - Repeat lab + B.D. clarity after 3 months & review
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Medical Review Date	Employee Signature Dr. Mohammed Akbar Khan
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Doctor Name	Medical License	Hospital	Medical Doctor Signature

