

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

To 

Civil ID / Passport #		Company ID #		RAMANPREET SINGH		# 0042981 # 24 Y(M) BAS-Rw BIL: 00510		ATION	
136903286						78291 <@lenk> 12/06/23 09:24		Position	
Nationality		Age		Sex				Helper	
Indian		22/3/99 m						Location	

EXAMINATION TYPE			
Examination	☐ Pre-employment	☐ Periodic	☐ Exit

VITAL SIGNS & BODY MEASURES			
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Blood Pressure Category: 134/84 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises
 BMI Category: 24 ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity
 Remarks:

VISUAL TEST			
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Visual Acuity Test: RT ☒ Normal ☐ Abnormal ☐ Not Required LT ☒ Normal ☐ Abnormal ☐ Not Required
 Colour Vision Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Visual Field Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Stereoscopic Vision Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Pre-existing condition:
 Remarks:

RESPIRATORY SYSTEM			
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Spirometry Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Chest X-Ray: ☒ Normal ☐ Abnormal ☐ Not Required
 Pre-existing condition:
 Physical Assessment: ☒ Normal ☐ Abnormal
 Remarks:

ENT SYSTEM			
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Audiometry Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Otoloscopy: ☒ Normal ☐ Abnormal ☐ Not Required
 Pre-existing condition:
 Physical Assessment: ☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)
 Remarks:

CARDIOVASCULAR SYSTEM			
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ECG Test: ☒ Normal ☐ Abnormal ☐ Not Required
 Physical Assessment: ☒ Normal ☐ Abnormal
 Pre-existing condition:
 Remarks:

NEUROLOGICAL SYSTEM			
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Physical Assessment: ☒ Normal ☐ Abnormal
 Pre-existing condition:
 Remarks:

MUSCULOSKELETAL SYSTEM			
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Physical Assess: ☒ Normal ☐ Abnormal
 Lumbar X-Ray: ☒ Normal ☐ Abnormal ☐ Not Required
 Pre-existing condition:
 Remarks:

LABORATORY INVESTIGATIONS			
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Lab Tests: ☒ Normal ☐ Abnormal If abnormal, please specify below
 Pre-existing condition:
 Blood Grouping: O+
 Remarks:

Glucose Level Category: 81 ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl
 Cholesterol Risk Category: 115 ☒ 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
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13/6/23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	RAMANPREET SINGH # 0042881 # 24 Y(M) BAP-No: 00510 	Position <i>Helper</i>
Nationality	Age	Sex	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	Exams Performed
12/6/2023	

Medical Review Date	Employee Signature
	<i>Ramanpreet Singh</i>

Doctor Name	Medical License	Hospital	Medical Doctor Signature
			<i>Dr. Mohammed Akbar Khan</i>

