MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

ASHOK KUMAR JASPAL SINGH
0042414 # 37 Y(M) BAS-Rw Bill: 00501
77702 <Blank> 18/05/23 08:42

Civil ID / Passport #	Company ID #	NTIFICATION	
97115282U			Position: A-DD
Nationality	**Age**	**Sex**	**Location**
Indian	11/3/86	M	

EXAMINATION TYPE

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: 27 [ ] 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: 83 [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 111 [ ] 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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date

PEACE LAND MEDICAL CENTER رقم الترخيص: 2775

DR. MOHAMMED AKBAR
General Practitioner
MOH Lic. No. 4404

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			HSD
Nationality	**Age**	**Sex**	**Location**

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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
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Perfomed
18/5/23	

Medical Review Date	Employee Signature
	+ Ashok Jaspal

Doctor Name	Medical License	Hospital	Medical Doctor Signature

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General Practitioner
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