MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CHATEN SHARMA
0042425 # 33 Y(M) BAS-Rw Bill: 00501
77715 <Blank> 18/05/23 10:29

Civil ID / Passport #	Company ID #	ICATION
110592146		Position: H.D.
Nationality	Age / Sex	Location
Indian 12/5/90		

EXAMINATION TYPE

Examination: [✓] Pre-employment [ ] Periodic [ ] Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 110/70 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises
BMI Category: 32 [ ] 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: O+
Pre-existing condition: ? typhoid.
Remarks:

Glucose Level Category 87 [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category 137 [ ] 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 KHAN General Practitioner MOH Lic. No. 4464	30/5/23.

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

CHATEN SHARMA
0042425 # 33 Y(M) BAS-Rw Bill: 00501
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Civil ID / Passport #	Company ID #		Position
			4-DD.
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
- [ ] 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	LFT – Diet, exercise advice – DLP on Rx statins from NMC. – Repeat lab after 3 months thereon.

Medical Review Date

Employee Signature
*Chaten Sharma

Doctor Name	Medical License	Hospital	Medical Doctor Signature

PEACE LAND MEDICAL CENTER
رقم الترخيص: 2775

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404