

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION		
Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
Patient 18068 Reg.Dt 22/10/2022		
Name: MANIKUTTAN AYYAPPAN DAMODHARAN		
EXAMINATION TYPE		
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit	
VITAL SIGNS & BODY MEASURES		
Blood Pressure Category:	130/90	
<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:	27	
<input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese <input type="checkbox"/> Morbid Obesity		
Remarks:		
VISUAL TEST		
Visual Acuity Test	RT 6/6	LT 6/6
Colour Vision Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Pre-existing condition:		
Remarks:		
RESPIRATORY SYSTEM		
Spirometry Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Pre-existing condition:		
Chest X-Ray	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Physical Assessment	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Remarks:		
ENT SYSTEM		
Audiometry Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Pre-existing condition:		
Otoscopy	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Physical Assessment	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Remarks:		
CARDIOVASCULAR SYSTEM		
ECG Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Pre-existing condition:		
Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Remarks:		
NEUROLOGICAL SYSTEM		
Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pre-existing condition:		
Remarks:		
MUSCULOSKELETAL SYSTEM		
Physical Assess.	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pre-existing condition:		
Lumbar X-Ray	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Remarks:		
LABORATORY INVESTIGATIONS		
Lab Tests:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
If abnormal, please specify below:		
Pre-existing condition:		
Remarks:		
Glucose Level Category	<input checked="" 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	<input checked="" 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	
Stool Analysis	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
QUESTIONNAIRES		
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 #	Hospital/Policlinic
Dr. MOHAMMUD ULLAH General Practitioner		
OQ - Occupational Health Department MOH License No. : 7790		Doctor Signature & Clinic Stamp
		Issue Date
		23-10-22



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Ident	Reg.Dt
		18088	22/10/2022
Nationality	Age	Sex	Name
			MANIKUTTAN AYYAPPAN DAMODHARAN
		Position	
		Location	

EXAMINATION TYPE

<input checked="" type="checkbox"/> Pre-employment Examination (PRE)	<input type="checkbox"/> Periodic Medical Examination (PME)	<input type="checkbox"/> Post-absence Examination
<input type="checkbox"/> Change of Position Examination	<input type="checkbox"/> Exit Examination	<input type="checkbox"/> Critical Activities Examination
<input type="checkbox"/> Emergency Response Team	<input type="checkbox"/> Travelling 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

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22-10-2022	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. MOHAMMUD ULLAH General Practitioner MOH License No.: 7790			

OQ - Occupational Health Department



Form Review - 02-30/05/2021