

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	AVTAR SINGH # 0042508 # 29 Y/M BAE-Aw BIII: 00503	Position H-D-D
Nationality	Age	Sex	Location
Indian	3/4/1984		
Examination		[] Pre-employment [] Periodic [] Exit	

VITAL SIGNS & BODY MEASURES			
Blood Pressure Category:	138/85	[] 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	Otосcopy	[] 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	80	[] Normal 80 - 100 mg/dl [] Pre diabetic 100 - 125 mg/dl [] Diabetic > 126 mg/dl
Cholesterol Risk Category	123	[] 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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
			Dr. MOHAMMED ANBAR KHAN General Practitioner MOH Lic. No. 4404	25/5/23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	AVTAR SINGH # 0042508 # 39 Y(M) BAP-Pw Bill: 00503 		Position <i>H.D.D</i>
Nationality	Age	Sex	77874 <Blank> 24/05/23 10:28	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
24/5/23	USM - Diet, exercise, advice

Medical Review Date	Employee Signature <i>Avatar Singh</i>
Doctor Name	Medical Doctor Signature

