

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



Civil ID / Passport #		Company ID #	CANDIDATE / EMPLOYEE		Position
131177492			ARASHPREET SINGH PARMJIT SINGH # 004988 # 21 YM BAS-Rm Bill: 00517 78810 06/07/23 08:17		Helper
Nationality	Age	Sex	Location		
Indian 1/10/2001					
EXAMINATION TYPE					
Examination	[] Pre-employment		[] Periodic	[] Exit	
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	[✓] Normal [] Prehypertension [] Hypertension Stage 1 [] Hypertension Stage 2 [] Hypertension Crises				
BMI Category:	[] 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 [] Not Required				
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 +ve		
Pre-existing condition:					
Remarks:					
Glucose Level Category	[✓] Normal	80 – 100 mg/dl	[] Pre diabetic 100 – 125 mg/dl	[] Diabetic > 126 mg/dl	
Cholesterol Risk Category	[✓] 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
Dr. SHAH FAISAL Occupational Health Practitioner MOH Lic No. 22368				09/07/2023	

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION								
Civil ID / Passport #	Company ID #	Position <i>Helper</i>						
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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	FIT						
Restrictions								
<input type="checkbox"/> Working at height <input type="checkbox"/> Working in confined space <input type="checkbox"/> Working with electricity <input type="checkbox"/> Working near rotating machinery <input type="checkbox"/> Working in noise area <input type="checkbox"/> Working in extreme heat <input type="checkbox"/> Handling chemical products <input type="checkbox"/> Use of respirator	<input type="checkbox"/> Pulling, pushing or carrying weight <input type="checkbox"/> Ascend/descend ladders and stairs <input type="checkbox"/> Walking or standing for long distance/period <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Mobile machinery operation <input type="checkbox"/> Heavy lifting operation <input type="checkbox"/> Driving vehicle <input type="checkbox"/> Emergency response duty							
Other, specify								
New Position	New Function	New Department						
NA	NA	NA						
Examination Date <i>6/7/23</i>	Exams Performed							
Medical Review Date <i>09/07/2023</i>	Employee Signature <i>Arshpreet Singh</i>							
Doctor Name <i>SHAH FAISAL</i>	Medical License	Hospital						
Medical Practitioner NCPN LIC No. 22368		Medical Doctor Signature <i>SR</i>						
								