

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Candidate Name		Position	
12795444	10478	19826		HSE	
Nationality	Age	Sex	Reg. Dt	Location	
			07/08/2021	HAIMA	
Candidate Name		MOHAMMED YOUSUF MUHAMMAD ALSHAIBANI			

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: 18.72 ☒ Underweight ☐ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test RT 6/6 LT 6/6

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

Physical Assessment ☒ Normal ☐ Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

Audiometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Otoscopy ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

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: A + ve

Pre-existing condition:

Remarks:

QUESTIONNAIRES

Glucose Level Category 101 ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl

Cholesterol Risk Category 119 ☒ 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

Questionnaire	Remarks
Medical & Surgical History Questionnaire	
Respiratory Protection Questionnaire	
Hearing Conservation Questionnaire	
Screening Questionnaire	

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

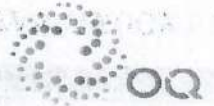
SRQ-20 Self-reported Questionnaire ☐ No positive answers ☐ Positive answers Factor I (1 to 6) ☐ Positive answers Factor II (7 to 12)

☐ 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. Abdul Rahman Beary	MOH Licence No. 1441	Peace Land Clinic	<i>Dr. Abdul Rahman Beary</i>	08/08/23



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
12795444	10478			HSC	
Nationality	Age	Sex	Ident	Reg.Dt	Location
			19826	07/08/2023	HAIMA
			MOHAMMED YOUSUF MUHAMMAD ALSHAIBANI		

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

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
07/08/2023	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. Abdul Rahimann Beary			
MOH Licence No. 1441			

