

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport # <b>A 03774996</b>	Company ID #	MOHAMMAD ABU YOUSUF # 0043408 # 23 Y/M BAS-Pw Bill: 00517  78778 05/07/23 09:52	Position <b>Helper</b>
Nationality <b>Bangladesh</b>	Age <b>1/3/2000</b>	Sex	Location

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 **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  
 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: **B+**

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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
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**DR. SHAH FAISAL**  
General Practitioner  
MOH Lic No. 22368



**882** **06/07/2023**

Form Review - 02-30/05/2021



# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



## EMPLOYEE IDENTIFICATION

Civil ID / Passport # <b>A0877496</b>	Company ID #	Name <b>Mohammed Abu Yasef</b>	Position <b>Helper</b>
Nationality <b>Bangladesh</b>	Age	Sex	Company
			Location

## EXAMINATION TYPE

<input 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	<b>FIT</b>
	<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

Medical Review Date <b>06/07/2023</b>	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
<b>DR. SHAH FAISAL</b>			<b>812</b>

**General Practitioner**  
**MOH Lic No. 22368**

