

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION		
Civil ID / Passport #	Company ID #	
<b>A03774996</b>		
Nationality	Age	Sex
<b>Bangladesh</b>	<b>1/3/2000</b>	
 # 0048496 # 23 Y/0 048496 00517 78778 05/07/23 09:52		
		Position
		<b>Helper</b>
		Location

Examination	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit
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VITAL SIGNS & BODY MEASURES			
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Blood Pressure Category:  Normal  Prehypertension  Hypertension Stage 1  Hypertension Stage 2  Hypertension Crises

BMI Category:  Underweight  Normal  Overweight  Obese  Morbid Obesity

Remarks:

VISUAL TEST			
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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			
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Spirometry Test  Normal  Abnormal  Not Required Chest X-Ray  Normal  Abnormal  Not Required

Pre-existing condition:

Remarks:

ENT SYSTEM			
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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			
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ECG Test  Normal  Abnormal  Not Required Physical Assessment  Normal  Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM			
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Physical Assessment  Normal  Abnormal  Not Required

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM			
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Physical Assess.  Normal  Abnormal  Not Required Lumbar X-Ray  Normal  Abnormal  Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS			
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Lab Tests:  Normal  Abnormal If abnormal, please specify below:  Blood Grouping: **B+**

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			
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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
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Respiratory Protection Questionnaire	Remarks
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Hearing Conservation Questionnaire	Remarks
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Screening Questionnaire	Remarks
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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	88	06/07/2023
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OC - Occupational Health Department	Form Review - 02-30/05/2021
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General Practitioner	06/07/2023
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MOH Lic No. 22368	2775
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# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
A08774926		Mohammed Abu Yasef	Helper
Nationality	Age	Sex	Company
Bangladesh			
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	Employee Signature		
06/07/2023			
Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAH FAISAL			
General Practitioner			
MOH Lic No. 22368			
<b>DR. SHAH FAISAL</b> General Practitioner MOH Lic No. 22368			
Form Review - 02-30/05/2021			