Sondon 5/7/202

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
57768176		DURYODANA TIPPANA 00515 78891 03/07/23 09:03	Helper.
Nationality	Age	Sex	Location
Indian	1/6/1986		

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

Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Colour Vision Test [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: ✓

Remarks:

RESPIRATORY SYSTEM

Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Spirometry Test [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition: ✓

Remarks:

ENT SYSTEM

Otoscopy [ ] Normal [ ] Abnormal [ ] Not Required (Whisper, Weber & Rinne Tests)

Audiometry Test [ ] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [ ] Normal [ ] Abnormal

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

Lumbar X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assess. [ ] Normal [ ] Abnormal

Pre-existing condition: ✓

Remarks: lumbar curve straightening due to spasm

LABORATORY INVESTIGATIONS

Blood Grouping: A+

Lab Tests: [✓] Normal [ ] Abnormal If abnormal, please specify below:

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

Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

Routine Urine 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
				4/7/23

Form Review - 02-30/05/2021

Dr. ... Specialist Cardiologist MOH Lic. No. 21962

C.R: 1118819 PEACE LAND MEDICAL CENTER

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			Helper

Nationality	Age	Sex	Location

DURYODANA TIPPANA
0043398 # 37 Y(M) BAS-Re Bill: 00515
78681 <Blank> 03/07/23 09:03

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

FORMS GIVEN BY SPECIALIST ORTHO FOR STRETCHING OF LUMBAR SPINE AS DUE TO SPASM.

Restrictions

- [ ] Working at height
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Perfomed
3/7/23	

Medical Review Date	Employee Signature
4/7/23	T Duryod

Doctor Name	Medical License	Hospital	Medical Doctor Signature

OQ - Occupational Health Department
Qatar
MOPH Lic. No. 21962

PEACELAND MEDICAL CENTRE
C.R. 118349