MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
A04292863		Helper
Nationality	**Age**	**Sex**
Bangladesh	25/1/2001	Location

MD MAMUN HOWLADER
0043870 # 21 Y(M) BAS-Pw Bill: 00520
79087 10/07/23 10:52

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+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
SHAH FAISAL General Practitioner MOH Lic No. 22368		AL LAND MEDICAL CENTER		11-07-2023

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			Helper

MD MAMUN HOWLADER
0049679 # 21 Y/M BAS-Pw Bill: 00520
79007 <Blank> 10/07/23 10:52

Nationality	Age	Sex	Location

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

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
10/7/23	

Medical Review Date	Employee Signature
11-07-2023	MOMUN

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAH FAISAL General Practitioner MOH Lic No. 22363		PEARL LAND MEDICAL CENTER	