

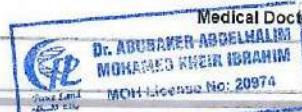
# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION										
Civil ID / Passport #	Company ID #				Position					
			Ref. No. 16112 Reg. Dt. 25/10/2022		Location					
Nationality	Age	Sex	Name BALBIR SINGH AJITH SINGH							
EXAMINATION TYPE										
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit						
VITAL SIGNS & BODY MEASURES										
Blood Pressure Category:	120/80	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Prehypertension	<input type="checkbox"/> Hypertension Stage 1	<input type="checkbox"/> Hypertension Stage 2	<input type="checkbox"/> Hypertension Crises				
BMI Category:	32.41	<input type="checkbox"/> Underweight	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Overweight	<input type="checkbox"/> Obese	<input type="checkbox"/> Morbid Obesity				
Remarks:										
VISUAL TEST										
Visual Acuity Test	RT 6/6	LT 6/6	Visual Field Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal						
Colour Vision Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Stereoscopic Vision Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required					
Pre-existing condition:										
Remarks:										
RESPIRATORY SYSTEM										
Spirometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Chest X-Ray	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required					
Pre-existing condition:				Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal					
Remarks:										
ENT SYSTEM										
Audiometry Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Otoscopy	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required					
Pre-existing condition:				Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Whisper, Weber & Rinne Tests)					
Remarks:										
CARDIOVASCULAR SYSTEM										
ECG Test	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal					
Pre-existing condition:										
Remarks:										
NEUROLOGICAL SYSTEM										
Physical Assessment	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal								
Pre-existing condition:										
Remarks:										
MUSCULOSKELETAL SYSTEM										
Physical Assess.	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Lumbar X-Ray	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required						
Pre-existing condition:										
Remarks:										
LABORATORY INVESTIGATIONS										
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below:		Blood Grouping: B +ve					
Pre-existing condition:										
Remarks:										
Glucose Level Category										
Glucose Level Category	96	<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						
Cholesterol Risk Category	67	<input checked="" type="checkbox"/> Low Risk LDL is less 130 mg/dl	<input type="checkbox"/> Moderate Risk LDL 130-159 mg/dl	<input type="checkbox"/> High Risk LDL >160 mg/dl						
Routine Urine Analysis	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Stool Analysis	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required					
QUESTIONNAIRES										
Medical & Surgical History Questionnaire	Remarks									
Respiratory Protection Questionnaire	Remarks									
Hearing Conservation Questionnaire	Remarks									
Screening Questionnaire	Remarks									
Fagerstrom Test - Smoking	<input type="checkbox"/>	Non-smoker	<input type="checkbox"/>	Low dependence	<input type="checkbox"/>	Low to Mod dependence	<input type="checkbox"/>	Moderate dependence	<input type="checkbox"/>	High dependence
CAGE Questionnaire Alcohol Use	<input type="checkbox"/>	No use of alcohol	<input type="checkbox"/>	Screening negative	<input type="checkbox"/>	Clinically significant				
SRQ-20 Self-reported Questionnaire	<input type="checkbox"/>	No positive answers	<input type="checkbox"/>	Positive answers Factor I (1 to 6)	<input type="checkbox"/>	Positive answers Factor II (7 to 12)				
	<input type="checkbox"/>	Positive answers Factor III (13 to 16)	<input type="checkbox"/>	Positive answers Factor IV (17 to 20)						
Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp			Issue Date				
ABUBAKER A. HALIM		PEACE MEDICAL	Ab			31-10-2022				
OQ - Occupational Health Department						Form Review - 02-30/05/2021				
						Dr. ABUBAKER ABDELHALIM MOHAMED KHIZIR IBRAHIM MOH License No: 20974				

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION																					
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			Ent 18112 Reg.Dt 25/10/2022																		
Nationality	Age	Sex	Name BALBIR SINGH AJITH SINGH																		
Location																					
EXAMINATION TYPE																					
<input checked="" type="checkbox"/> Pre-employment Examination (PRE) <input type="checkbox"/> Change of Position Examination <input type="checkbox"/> Emergency Response Team		<input type="checkbox"/> Periodic Medical Examination (PME) <input type="checkbox"/> Exit Examination <input type="checkbox"/> Travelling Examination		<input type="checkbox"/> Post-absence Examination <input type="checkbox"/> Critical Activities Examination <input type="checkbox"/> Medical Surveillance																	
Medical Suitability for Work																					
Medical Suitability for Work	<input checked="" type="checkbox"/> Fit to work <input type="checkbox"/> Fit with following restrictions <input type="checkbox"/> Pending Fitness <input type="checkbox"/> Not fit to work																				
<b>Restrictions</b> <table border="1"> <tr> <td>Working at height</td> <td>Pulling, pushing or carrying weight</td> </tr> <tr> <td>Working in confined space</td> <td>Ascend/descend ladders and stairs</td> </tr> <tr> <td>Working with electricity</td> <td>Walking or standing for long distance/period</td> </tr> <tr> <td>Working near rotating machinery</td> <td>Repetitive movements</td> </tr> <tr> <td>Working in noise area</td> <td>Mobile machinery operation</td> </tr> <tr> <td>Working in extreme heat</td> <td>Heavy lifting operation</td> </tr> <tr> <td>Handling chemical products</td> <td>Driving vehicle</td> </tr> <tr> <td>Use of respirator</td> <td>Emergency response duty</td> </tr> </table>						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
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Other, specify																					
New Position	New Function		New Department																		
NA	NA		NA																		
Examination Date	Exams Performed																				
25-10-2022																					
Medical Review Date	Employee Signature																				
Doctor Name	 																				
ABUSAKER A HALIM	Medical Doctor Signature 																				
OQ - Occupational Health Department																					
Form Review - 02-30/05/2021																					