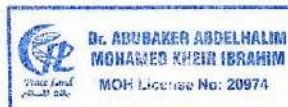


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Nationality	Age	Sex	Ident	16112 Reg.Dt	25/10/2022
			ne	BALBIR SINGH AJITH SINGH	
Location					
Examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit					
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category: <u>120/80</u> <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: <u>32.41</u> <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 <u>6/6</u>	LT <u>6/6</u>	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:	
Pre-existing condition:				Blood Grouping: <u>B +ve.</u>	
Remarks:					
Glucose Level Category <u>96</u> <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 <u>67</u> <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	
<u>ABUBAKR A. HALIM</u>			<u>Ab</u>	<u>31.10.2022</u>	



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Nationality	Age	Sex	ent 16112 Reg.Dt 25/10/2022	Location	
			BALBIR SINGH AJITH SINGH		
EXAMINATION TYPE					
<input checked="" 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				
	<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

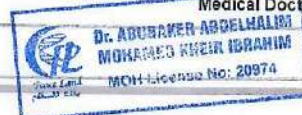
Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
25-10-2022	

Medical Review Date	Employee Signature
	<i>[Signature]</i>
Doctor Name	Medical License
ABUBAKR A. HAUM	
Hospital	Medical Doctor Signature
	<i>[Signature]</i>

OQ - Occupational Health Department



Form Review - 02-30/05/2021