

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION									
Civil ID / Passport #		Company ID #				Position			
72 261426		1372				HD DRIVER			
Nationality		Age		Sex		Date of Birth		Reg. Dt	
						24/08/2023			
Name		MANJIT SINGH		Gender		Male		Nationality	
								INDIAN	
EXAMINATION TYPE									
Examination [] Pre-employment [] Periodic [] Exit									
VITAL SIGNS & BODY MEASURES									
Blood Pressure Category: 130/90 [X] Normal [] Prehypertension [] Hypertension Stage 1 [] Hypertension Stage 2 [] Hypertension Crises									
BMI Category: 28.64 [] Underweight [] Normal [X] Overweight [] Obese [] Morbid Obesity									
Remarks:									
VISUAL TEST									
Visual Acuity Test		RT 6/6		LT 6/6 CORRECTED		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		[X] Normal [] Abnormal [] Not Required		Chest X-Ray		[X] Normal [] Abnormal [] Not Required			
Pre-existing condition:				Physical Assessment		[X] Normal [] Abnormal			
Remarks:									
ENT SYSTEM									
Audiometry Test		[X] Normal [] Abnormal [] Not Required		Otoscopy		[X] Normal [] Abnormal [] Not Required			
Pre-existing condition:				Physical Assessment		[X] Normal [] Abnormal (Whisper, Weber & Rinne Tests)			
Remarks:									
CARDIOVASCULAR SYSTEM									
ECG Test		[X] Normal [] Abnormal [] Not Required		Physical Assessment		[X] Normal [] Abnormal			
Pre-existing condition:									
Remarks:									
NEUROLOGICAL SYSTEM									
Physical Assessment		[X] Normal [] Abnormal							
Pre-existing condition:									
Remarks:									
MUSCULOSKELETAL SYSTEM									
Physical Assess.		[X] Normal [] Abnormal		Lumbar X-Ray		[] Normal [X] Abnormal [] Not Required			
Pre-existing condition:									
Remarks: L5 MILD SPONDYLOLISTHESIS									
LABORATORY INVESTIGATIONS									
Lab Tests:		[X] Normal [X] Abnormal		If abnormal, please specify below:		Blood Grouping: AB+ve			
Pre-existing condition:									
Remarks: REFER TO INTERNAL MEDICINE FOR ELEVATED BLOOD GLUCOSE AND GGT & DYSLIPIDEMIA									
Glucose Level Category		297 [] Normal 80 - 100 mg/dl [] Pre diabetic 100 - 125 mg/dl [X] Diabetic > 126 mg/dl							
Cholesterol Risk Category		224 [] Low Risk LDL is less 130 mg/dl [] Moderate Risk LDL 130-159 mg/dl [X] High Risk LDL >160 mg/dl							
Routine Urine Analysis		[] Normal [X] Abnormal [] Not Required		Stool Analysis		[X] 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/Polyclinic		Doctor Signature & Clinic Stamp		Issue Date	
Dr. S. Faiz H Sayeedi, MD, MPH								08/09/2023	

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #			Position
72261426	1372			HD DRIVER
Nationality	Age	Sex	Location	
			HAINA	

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
24/08/2023	

Medical Review Date	Employee Signature
08/09/2023	

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. S. Faiz H Sayeedi, MD, MPH			

