

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



## CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #				Position
72261426	1372	Client	19983	Reg.Dt	24/08/2023
Nationality	Age	Sex	Name: MANJIT SINGH		
			Gender: Male	Nationality: INDIAN	
EXAMINATION TYPE					

Examination  Pre-employment  Periodic  Exit

## VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/90 mmHg  Normal  Prehypertension  Hypertension Stage 1  Hypertension Stage 2  Hypertension Crises  
 BMI Category: 26.69  Underweight  Normal  Overweight  Obese  Morbid Obesity

Remarks:

## VISUAL TEST

Visual Acuity Test	RT 6/6	LT 6/6 CORRECTED	Visual Field Test	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal		
Colour Vision Test	<input 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 type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Pre-existing condition:				Physical Assessment	<input 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 type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Pre-existing condition:				Physical Assessment	<input 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 type="checkbox"/> Normal	<input checked="" type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
Pre-existing condition:						

Remarks: L5 MILD SPONDYLOLISTHESIS

## LABORATORY INVESTIGATIONS

Lab Tests:	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> 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  Diabetic > 126 mg/dl

Cholesterol Risk Category 224  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: Dr. S. Faiz H Sayeedi, MD, MPH	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date: 08/09/2023
OQ - Occupational Health Department Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467				

Form Review - 02-30/05/2021

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
72261426	1372	Client	19983	Reg. Dt	24/08/2023
Nationality	Age	Sex	Name	MANJIT SINGH	
			Gender	Male	Nationality INDIAN
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				
	<input type="checkbox"/> Working at height <input type="checkbox"/> Working in confined space <input type="checkbox"/> Working with electricity <input type="checkbox"/> Working near rotating machinery <input type="checkbox"/> Working in noise area <input type="checkbox"/> Working in extreme heat <input type="checkbox"/> Handling chemical products <input type="checkbox"/> Use of respirator				
	<input type="checkbox"/> Pulling, pushing or carrying weight <input type="checkbox"/> Ascend/descend ladders and stairs <input type="checkbox"/> Walking or standing for long distance/period <input type="checkbox"/> Repetitive movements <input type="checkbox"/> Mobile machinery operation <input type="checkbox"/> Heavy lifting operation <input type="checkbox"/> Driving vehicle <input type="checkbox"/> Emergency response duty				
	Other, specify <input type="text"/>				
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 General Practitioner MOH License No.: 17467	 PEACE LAND CLINIC MANJOT SINGH PEACE LAND MOH License No.: 17467	 Dr. S. Faiz H Sayeedi	Form Review - 02-30/05/2021		