

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #				Position
106490069	6739				OPERATOR - CRANE
Nationality	Age	Sex	Client	Reg.Dt	Location
			20020	27/08/2023	HAIMA
			Name: MANJIT SINGH		
			Gender: Male	Nationality: INDIAN	Type

Examination Pre-employment Periodic Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 110/70 Normal Prehypertension Hypertension Stage 1 Hypertension Stage 2 Hypertension Crises

BMI Category: 24.62 Underweight Normal Overweight Obese 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	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

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 type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required

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 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 Normal 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:	<u>MILD DISC SPACE REDUCED AT L5 - S1</u>					

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below:	Blood Grouping: <u>B' + VE</u>
Pre-existing condition:				

Remarks:

Glucose Level Category 95 Normal 80 - 100 mg/dl Pre diabetic 100 - 125 mg/dl Diabetic > 126 mg/dl

Cholesterol Risk Category 123 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)

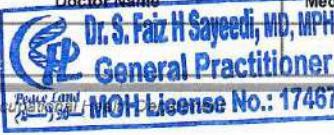
Positive answers Factor III (13 to 16) Positive answers Factor IV (17 to 20)

Clinic Doctor Name: Dr. S. Faiz Sayeed, MD, MPH
General Practitioner
 OQ - Peace Land Clinic
 MOH License No.: 17467

License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
 Peace Land Clinic P.O. Box: 1401 P.O. 1324 PEACE LAND CLINIC C.R.NO: 2217783		 <u>28/08/2023</u>	
Form Review - 02-30/05/2021			

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Name		Position	
106490069	6739			CRANE - OPERATOR	
Nationality	Age	Sex	Client	20020	Reg.Dt 27/08/2023
			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"/> 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			
27/08/2023					
Medical Review Date		Employee Signature			
28/08/2023		Manjit Singh			
Doctor Name Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner		Medical License		Hospital	
 MOH License No.: 17467				 Medical Doctor Signature	
<small>PEACE LAND CLINIC, 134, Sector 12, Noida, UP, India. C.R. NO: 2217783</small>					