MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
74514571	1423		FORKLIFT OPERATOR

			Location
Nationality	Age	Sex	HAIMA

tient 20070   Reg.Dt 06/09/2023
ame REJI RAVEEDRAN
nder Male   Nationality INDIAN

EXAMINATION TYPE

Examination   [✓] Pre-employment   [ ] Periodic   [ ] Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 18.71 [ ] Underweight [✓] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test   RT 6/6   LT 6/6   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 [✓] Normal [ ] Abnormal [ ] Not Required   Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Physical Assessment [✓] Normal [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test [✓] Normal [ ] Abnormal [ ] Not Required   Otoscopy [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Physical Assessment [✓] Normal [ ] Abnormal   (Whisper, Weber & Rinne Tests)

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required   Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess. [✓] Normal [ ] Abnormal   Lumbar X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [✓] Normal [ ] Abnormal   If abnormal, please specify below: Blood Grouping: O +VE

Pre-existing condition:

Remarks:

Glucose Level Category   92   [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category   113   [✓] 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	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. S. Faiz H Sayeedi, MD, MPH, General Practitioner, MOH License No.: 17467				08/09/2023

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		Name		Position
7451457	1423				FORKLIFT OPERATOR
Nationality	Age	Sex	tient 20070 Reg.Dt 06/09/2023		Location
			ame REJI RAVEENDRAN		HAIMA
			nder Male Nationality INDIAN		

EXAMINATION TYPE

[✓] Pre-employment Examination (PRE)	[ ] Periodic Medical Examination (PME)	[ ] Post-absence Examination
[ ] Change of Position Examination	[ ] Exit Examination	[ ] Critical Activities Examination
[ ] Emergency Response Team	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work	[✓] Fit to work
	[ ] Fit with following restrictions
	[ ] Pending Fitness
	[ ] Not fit to work

Restrictions

[ ] 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	

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Perfomed
06/09/2023	

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 OQ Occupational Health Department MOH License No.: 17467			

Form Review - 02-30/05/2021