

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



IDENTIFICATION				
Civil ID / Passport #	Company ID #			
Ent	16088	Reg.Dt 23/10/2022		
Nationality	Age	Sex		
	18	ALI KASHIF		
EXAMINATION TYPE				
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit			
VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	130/80 <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:	25.80 <input checked="" type="checkbox"/> Underweight <input checked="" type="checkbox"/> Normal <input 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>		
Colour Vision Test	<input checked="" 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			
Pre-existing condition:				
Remarks:				
ENT SYSTEM				
Audiometry Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required			
Pre-existing condition:				
Remarks:				
CARDIOVASCULAR SYSTEM				
ECG Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required			
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			
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:				
Remarks:				
Glucose Level Category	<u>95</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>130</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 type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required Stool Analysis <input 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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. MOHAMMUD ULLAH General Practitioner OQ - Occupational Health Department WON License No. 17190				24-10-2022
Form Review - 02-30/05/2021				

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION						
Civil ID / Passport #	Company ID #				Position	
Nationality	Age	Sex	Ent	18088 Reg.Dt 23/10/2022	Location	
			Re	ALI KASHIF		
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	
Restrictions						
<input type="checkbox"/> Other, specify						
New Position	New Function		New Department			
NA	NA		NA			
Examination Date	Exams Performed					
23-10-2022						
Medical Review Date	Employee Signature					
Dr. MOHAMMUD ULLAH General Practitioner MOH License No: 1139	 Medical Doctor Signature					
Form Review - 02-30/05/2021						