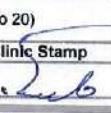
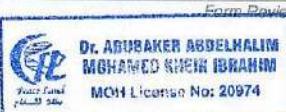


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #		Company ID #		Position	
Nationality		Age	Sex	Ident	16092 Reg.Dt 23/10/2022
				Name GURPREET SINGH	
EXAMINATION TYPE					
Examination <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit					
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category: <u>120/80</u> <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: <u>25.28</u> <input 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>	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	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 checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Pre-existing condition:				Physical Assessment <input checked="" 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 checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Pre-existing condition:				Physical Assessment <input checked="" 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required
Pre-existing condition:					
Remarks:					
LABORATORY INVESTIGATIONS					
Lab Tests:		<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below: Blood Grouping: O+ve	
Pre-existing condition:					
Remarks:					
Glucose Level Category <u>93</u> <input 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 SRO-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 <u>ABUBAKER A. HALIM</u>		License #		Doctor Signature & Clinic Stamp 	
				Issue Date <u>31.10.2022</u>	
OQ - Occupational Health Department					
 Form Review - 02-30/05/2021					
 MOH License No: 20974					

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
		Ent 18082 Reg.Dt 23/10/2022		Position	
Nationality	Age	Sex	Name GURPREET SINGH		
			Location		
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				
23-10-2022	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Medical Review Date	Employee Signature 				
Doctor Name	Medical License	Medical Doctor Signature 			
ABUBAKER A. HALI					