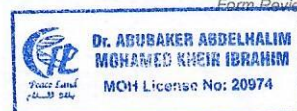


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION									
Civil ID / Passport #		Company ID #				Position			
Nationality		Age		Sex		Ident 16092 Reg.Dt 23/10/2022		Location	
						ne 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: 120/80 <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: 25.28 <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 6/6		LT 6/6		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 checked="" type="checkbox"/> Normal <input 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 checked="" type="checkbox"/> Normal <input 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 93 <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 130 <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/Polyclinic		Doctor Signature & Clinic Stamp		Issue Date	
ABUBAKR A. HALVI								31.10.2022	



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		Position		
Nationality	Age	Sex	ent 18092 Reg.Dt 23/10/2022	Location	
			GURPREET SINGH		

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

Restrictions

<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

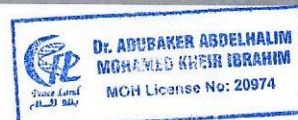
Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
23-10-2022	

Medical Review Date	Employee Signature
	<i>Gurpreet Singh</i>
Doctor Name	Medical Doctor Signature
ABUBAKR A. HALIM	<i>Sub</i>
Medical License	
Hospital	

OQ - Occupational Health Department



Form Review - 02-30/05/2021