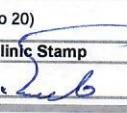


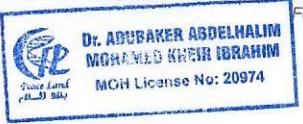
# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION							
Civil ID / Passport #		Company ID #		Position			
Nationality	Age	Sex	Ident	18092	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:	120/80		<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Prehypertension	<input type="checkbox"/> Hypertension Stage 1		
BMI Category:	25.28		<input type="checkbox"/> Underweight	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Overweight		
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		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			
Pre-existing condition:			Chest X-Ray	<input checked="" 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			
Pre-existing condition:			Otoscopy	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required			
Remarks:							
CARDIOVASCULAR SYSTEM							
ECG Test	<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:							
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	<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/Policlinic	Doctor Signature & Clinic Stamp		Issue Date		
ABUBAKER A. HALIM		PEACE LAND POLYCLINIC			31-10-2022		
OQ - Occupational Health Department							
Form Review - 02-30/05/2021							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">   C.R.NO:2217783         </td> <td style="width: 40%; text-align: center;"> <b>Dr. ABUBAKER ABDELHALIM MIGHAED KHOKH IBRAHIM</b>          MOH License No: 20974         </td> </tr> </table>						 C.R.NO:2217783	<b>Dr. ABUBAKER ABDELHALIM MIGHAED KHOKH IBRAHIM</b> MOH License No: 20974
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# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
		Ent	18082	Reg.Dt	23/10/2022
Nationality	Age	Sex	18	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"/> 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					
New Position	New Function		New Department		
NA	NA		NA		
Examination Date	Exams Performed				
23-10-2022					
Medical Review Date	Employee Signature				
ABUBAKER A HALIM	 <i>Gurpreet Singh</i>				
Doctor Name	Medical License	Hospital	Medical Doctor Signature		
 <i>Sub</i>			Dr. ABUBAKER ABDELHALIM MOHAMED KHEIR IBRAHIM MOH License No: 20974		