

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
Nationality	Age	Sex	Reg.Dt 23/10/2022
EXAMINATION TYPE			
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit		
VITAL SIGNS & BODY MEASURES			
Blood Pressure Category:	120/90	<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:	32.99	<input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Overweight <input checked="" 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
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:			
Physical Assessment	<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:			
Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required (Whisper, Weber & Rinne Tests)		
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		
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 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:
Pre-existing condition:			
Remarks:			
Glucose Level Category	110	<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	93	<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 checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required
	Stool Analysis <input checked="" 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
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 <b>D. MOHAMMUD ULLAH</b> General Practitioner OQ - Occupational Medical License No. : 7790	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp
			Issue Date
Form Review - 02-30/05/2021			



# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION							
Civil ID / Passport #	Company ID #	Ent 18084 Reg.Dt 23/10/2022 Name VIJAY KUMAR			Position		
Nationality	Age	Sex			Location		
EXAMINATION TYPE							
<input checked="" type="checkbox"/> Pre-employment Examination (PRE) <input type="checkbox"/> Change of Position Examination <input type="checkbox"/> Emergency Response Team		<input type="checkbox"/> Periodic Medical Examination (PME) <input type="checkbox"/> Exit Examination <input type="checkbox"/> Travelling Examination		<input type="checkbox"/> Post-absence Examination <input type="checkbox"/> Critical Activities 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						
<b>Restrictions</b> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <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         </td> <td style="width: 50%; vertical-align: top;"> <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         </td> </tr> </tbody> </table>						<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
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Other, specify <input type="text"/>							
New Position	New Function	New Department					
NA	NA	NA					
Examination Date	Exams Performed						
23-10-2022							
Medical Review Date	Employee Signature						
<b>Doctor Name</b> Dr. MOHAMMUD ULLAH <b>General Practitioner</b> <b>MOH License No. 7790</b>	Medical License	<b>Medical Doctor Signature</b> 					
OQ - Occupational Health Department		Form Review - 02-30/05/2021					

