

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



IDENTIFICATION					
Civil ID / Passport #	Company ID #	Position			
		18090	Reg.Dt 23/10/2022		
Nationality	Age	Sex	Location		
		Male	SATHISHKUMAR PERAMAIYAN		
EXAMINATION TYPE					
Examination	<input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Periodic <input type="checkbox"/> Exit				
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	130/90 <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:	26.57 <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		
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 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		
Pre-existing condition:	Otoscopy <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 (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:	Lumbar X-Ray <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required				
Remarks:					
LABORATORY INVESTIGATIONS					
Lab Tests:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	If abnormal, please specify below: <input type="text" value="Blood Grouping: B+ve"/>		
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	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 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	<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	

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
				Position	
Nationality	Age	Sex	Ent 18090 Reg.Dt 23/10/2022	Location	
			1e SATHISHKUMAR PERAMAIYAN		
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 Perfomed				
23-10-2021					
Medical Review Date	Employee Signature 				
Doctor Name	Medical License				Medical Doctor Signature
Dr. MOHAMMUD ULLAH General Practitioner	MOH License No. : 7790				
OQ - Occupational Health Department					
Form Review - 02-30/05/2021					