

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Nationality	Age	Sex	Client 18626	Reg.D1	06/04/2023
			JASWINDER SINGH		
Gender	Male	Nationality	INDIAN	Location	
EXAMINATION TYPE					
Examination	[] Pre-employment		[<input checked="" type="checkbox"/>] Periodic		[] Exit
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	130/80 [<input checked="" type="checkbox"/>] Normal [] Prehypertension [] Hypertension Stage 1 [] Hypertension Stage 2 [] Hypertension Crises				
BMI Category:	38.9 [] Underweight [] Normal [] Overweight [<input checked="" type="checkbox"/>] Obese [] 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 [] Abnormal	
Colour Vision Test	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required		Stereoscopic Vision Test	[] Normal [] Abnormal [] Not Required	
Pre-existing condition:					
Remarks:					
RESPIRATORY SYSTEM					
Spirometry Test	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required		Chest X-Ray	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required	
Pre-existing condition:			Physical Assessment	[<input checked="" type="checkbox"/>] Normal [] Abnormal	
Remarks:					
ENT SYSTEM					
Audiometry Test	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required		Otoscopy	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required	
Pre-existing condition:			Physical Assessment	[<input checked="" type="checkbox"/>] Normal [] Abnormal (Whisper, Weber & Rinne Tests)	
Remarks:					
CARDIOVASCULAR SYSTEM					
ECG Test	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required		Physical Assessment	[<input checked="" type="checkbox"/>] Normal [] Abnormal	
Pre-existing condition:					
Remarks:					
NEUROLOGICAL SYSTEM					
Physical Assessment	[<input checked="" type="checkbox"/>] Normal [] Abnormal				
Pre-existing condition:					
Remarks:					
MUSCULOSKELETAL SYSTEM					
Physical Assess.	[<input checked="" type="checkbox"/>] Normal [] Abnormal		Lumbar X-Ray	[<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required	
Pre-existing condition:					
Remarks:					
LABORATORY INVESTIGATIONS					
Lab Tests:	[<input checked="" type="checkbox"/>] Normal [] Abnormal		If abnormal, please specify below:	Blood Grouping: A -ive	
Pre-existing condition:					
Remarks:					
Glucose Level Category <u>86</u> [<input checked="" type="checkbox"/>] Normal 80 – 100 mg/dl [] Pre diabetic 100 – 125 mg/dl [] Diabetic > 126 mg/dl					
Cholesterol Risk Category <u>113</u> [<input checked="" type="checkbox"/>] Low Risk LDL is less 130 mg/dl [] Moderate Risk LDL 130-159 mg/dl [] High Risk LDL >160 mg/dl					
Routine Urine Analysis [<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required Stool Analysis [<input checked="" type="checkbox"/>] Normal [] Abnormal [] Not Required					
QUESTIONNAIRES					
Medical & Surgical History Questionnaire	Remarks				
Respiratory Protection Questionnaire	Remarks				
Hearing Conservation Questionnaire	Remarks				
Screening Questionnaire	Remarks				
Fagerstrom Test - Smoking [] Non-smoker [] Low dependence [] Low to Mod dependence [] Moderate dependence [] High dependence					
CAGE Questionnaire Alcohol Use [] No use of alcohol [] Screening negative [] Clinically significant					
SRQ-20 Self-reported Questionnaire [] No positive answers [] Positive answers Factor I (1 to 6) [] Positive answers Factor II (7 to 12) [] Positive answers Factor III (13 to 16) [] Positive answers Factor IV (17 to 20)					
Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp		Issue Date

OQ - Occupational Health Department

Form Review - 02-30/05/2021



Dr. Abdul Rahimani Beary
MOH Licence No. 1441

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				Position
Nationality	Age	Sex	Client	Reg.Dt	06/04/2023
			JASWINDER SINGH		
Gender	Male	Nationality	INDIAN	Location	
EXAMINATION TYPE					
<input type="checkbox"/> Pre-employment Examination (PRE)	<input checked="" 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	06/04/23 Exams Performed Adv. Diet & Exercise - weight Reduction				
Medical Review Date	Employee Signature Reviews after 3 months x Jaswinder Singh				
Doctor Name	Medical License	Hospital	Medical Doctor Signature		



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