

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
			Name JASWINDER SINGH		Location
			Gender Male	Nationality INDIAN	
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	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
			<i>Dr. Abdul Rahimani Beary</i>		



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	Reviews after 3 months Employee Signature X Jaswinder Singh				
Doctor Name	Medical License	Hospital	Medical Doctor Signature		

