

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Ident 18099 Reg.Dt 24/10/2022			Position
Nationality	Age	Sex	Name HAMID RAZA		Location
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 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:	28.71 <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input checked="" 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		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		Chest X-Ray	<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:					
ENT SYSTEM					
Audiometry Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required		Otoscopy	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required	
Pre-existing condition:	Physical Assessment <input 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		Physical Assessment	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pre-existing condition:					
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		Lumbar X-Ray	<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: B +ve
Pre-existing condition:					
Remarks:					
Glucose Level Category	95 <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/Policlinic	Doctor Signature & Clinic Stamp		Issue Date
ASUBAKER A. HALIM					31-10-2022



# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				Position
		Ent 18099	Reg.Dt 24/10/2022		
Nationality	Age	Sex	18	HAMID RAZA	Location
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				
24-10-2022					
Medical Review Date	Employee Signature 				
Doctor Name	Medical License	Hospital	Medical Doctor Signature		
ABUSAKER A. HALIM			 		
OQ - Occupational Health Department					
 Dr. ABUSAKER ABDELHALIM MOHAMED HASSAN IBRAHIM MR. 20974					
Form Review - 02-30/05/2021					