

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



TRUCKOMAN

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	SULAIMAN ALI ABDULLAH AL KINDI	
9110394		41 Y(M) «Blank» 29/10/22 09:41	Position
Nationality	Age	Sex	0036792
OMANI	14/10/81	M	72867
		Bill #	0042814
		PEACE LAND	
		Location	

Examination ☒ Pre-employment ☐ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises

BMI Category: ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test RT 6/6 LT 6/6

Visual Field Test ☒ Normal ☐ Abnormal

Colour Vision Test ☒ Normal ☐ Abnormal ☐ Not Required

Stereoscopic Vision Test ☒ Normal ☐ Abnormal ☐ Not Required

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

Spirometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Chest X-Ray ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

Audiometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Otology ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test ☒ Normal ☐ Abnormal ☐ Not Required

Physical Assessment ☒ Normal ☐ Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment ☒ Normal ☐ Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess. ☒ Normal ☐ Abnormal

Lumbar X-Ray ☒ Normal ☐ Abnormal ☐ Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: ☒ Normal ☐ Abnormal If abnormal, please specify below: Blood Grouping: B + ve

Pre-existing condition:

Remarks:

Glucose Level Category ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl

Cholesterol Risk Category ☒ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☐ High Risk LDL > 160 mg/dl

Routine Urine Analysis ☒ Normal ☐ Abnormal ☐ Not Required

Stool Analysis ☐ 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

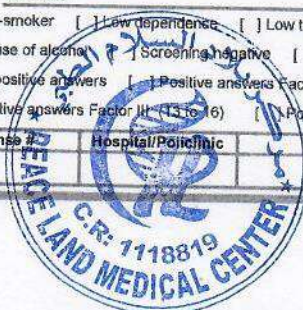
CAGE Questionnaire Alcohol Use ☒ No use of alcohol ☐ Screening negative ☐ Clinically significant

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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
			Dr. Shima Seyedabdollah Jafar	30/10/22

OQ - Occupational Health Department



Dr. Shima Seyedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	SULAIMAN ALI ABDULLAH AL KINDI 41 Y(M) <i>Blank</i> 29/10/22 09:41 PEACELAND 0036782 Bill # 0042814		Position SUPERVISOR
Nationality	Age	Sex		Location

EXAMINATION TYPE		
☒ Pre-employment Examination (PRE)	☐ Periodic Medical Examination (PME)	☐ Post-absence Examination
☐ Change of Position Examination	☐ Exit Examination	☐ Critical Activities Examination
☐ Emergency Response Team	☐ Travelling Examination	☐ Medical Surveillance

Medical Suitability for Work	
Medical Suitability for Work	☒ Fit to work
	☐ Fit with following restrictions
	☐ Pending Fitness
	☐ Not fit to work

Restrictions

☐ Working at height	☐ Pulling, pushing or carrying weight
☐ Working in confined space	☐ Ascend/descend ladders and stairs
☐ Working with electricity	☐ Walking or standing for long distance/period
☐ Working near rotating machinery	☐ Repetitive movements
☐ Working in noise area	☐ Mobile machinery operation
☐ Working in extreme heat	☐ Heavy lifting operation
☐ Handling chemical products	☐ Driving vehicle
☐ Use of respirator	☐ Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
29/10/2022	

Medical Review Date 30/10/22	Employee Signature
Doctor Name	Medical Doctor Signature Dr. Shima Seyedabdollah Jafar Cardiologist Specialist MOH Lic. No. 21962
Medical License	

OQ - Occupational Health Department



Review - 02-30/05/2021