

ECG

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #		Position
9366136	721		SUPERVISOR
Nationality	Age	Sex	Location
			HAIMA
Ident	19424	Reg.Dt	08/08/2023
Name	NAJI SULAIMAN HUMAIDAL HAHSI		
Gender	Male	Nationality	OMANI

Examination ☒ Pre-employment ☐ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/70 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises

BMI Category: 22.98 ☐ 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

Pre-existing condition:

Physical Assessment ☐ Normal ☐ Abnormal

Remarks:

ENT SYSTEM

Audiometry Test ☒ Normal ☐ Abnormal ☐ Not Required

Otосcopy ☒ Normal ☐ Abnormal ☐ Not Required

Pre-existing condition:

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

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: A+ +YE

Pre-existing condition:

Remarks:

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

Cholesterol Risk Category: 126 ☒ 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
Respiratory Protection Questionnaire
Hearing Conservation Questionnaire
Screening Questionnaire

Remarks
Remarks
Remarks
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)

Dr. Abdul Rahman Beary
MOH Licence No. 1441
OQ - Occupational Health Department



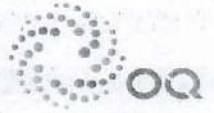
Doctor Signature & Clinic Stamp

Issue Date

09/08/2023

Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
9366136	721	SUPERVISOR
Nationality	Age	Sex
19424	08/08/2023	
NAME	NAJI SULAIMAN HUMAID AL HAHSI	Location
Gender	Male	Nationality
	OMANI	HAIMA

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
08/08/2023	

Medical Review Date	Employee Signature
09/08/2023	

Doctor Name	Medical License	Medical Doctor Signature
Dr. Abdul Rahiman Beary	MOH Licence No. 1441	

