

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE INFORMATION			EXAMINATION	
Civil ID / Passport #	Company ID #			Position
			18102 Reg.Dt	24/10/2022
Nationality	Age	Sex	ILYAS HUSSAIN	
			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:	130/90 <input checked="" 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:	25.73 <input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Normal <input 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 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:	Repeat after 3 months in lying profile.			
NEUROLOGICAL SYSTEM				
Physical Assessment	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	
Pre-existing condition:				
Remarks:				
MUSCULOSKELETAL SYSTEM				
Physical Assess.	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	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: <input type="checkbox"/> Blood Grouping: O+ve	
Pre-existing condition:				
Remarks:				
Glucose Level Category	94	<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	207	<input type="checkbox"/> Low Risk LDL is less 130 mg/dl	<input type="checkbox"/> Moderate Risk LDL 130-159 mg/dl	<input checked="" type="checkbox"/> High Risk LDL >160 mg/dl
Routine Urine Analysis	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Not Required	Stool Analysis <input 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
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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. MOHAMMUD ULLAH				25-10-2022
OQ - Occupational Health Department				Form Review - 02-30/05/2021
MOH License No. : 7790				

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #			Position
			Ent 18102 Reg.Dt 24/10/2022	
Nationality	Age	Sex	name ILYAS HUSSAIN	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"/> 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	Exams Performed
24-10-2022	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. MOHAMMUD ULLAH General Practitioner MOH License No. : 7730			

OQ - Occupational Health Department



Form Review - 02-30/05/2021