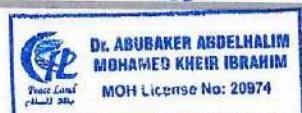


# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Position			
Nationality	Age	Sex	Ref. No.	16088	Reg.Dt. 23/10/2022
			Name MUZAMMAL HUSSAIN		
EXAMINATION TYPE					
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic		<input type="checkbox"/> Exit
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	110/70 <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:	30.07 <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 <u>6/6</u>	LT <u>6/6</u>	Visual Field Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Colour Vision Test	<input 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:					
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 type="checkbox"/> Normal <input type="checkbox"/> Abnormal		If abnormal, please specify below:		
Pre-existing condition:					
Remarks:	<u>Lipid Profile is high for diff. styl. Metabolic &amp; Repeat after 3 month</u>				
Glucose Level Category	<input 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	<input 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 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 <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 <u>ABUBAKER A-HALIM</u>	License # <u>16088</u>	Hospital/Policlinic <u>Peace Land Clinic</u>	Doctor Signature & Clinic Stamp <u>Abubaker A-Halim</u>		Issue Date <u>31.10.2022</u>
OQ - Occupational Health Department					
 <div style="display: inline-block; text-align: center; vertical-align: middle;">   Dr. ABUBAKER ABDELHALIM MOHAMED KHEIR IBRAHIM MOH License No: 20974         </div>					
Form Review - 02-30/05/2021					

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #				
		Ent	18088	Reg.Dt	23/10/2022
Nationality	Age	Sex	19	MUZAMMAL HUSSEIN	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
23-10-2022	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Medical Doctor Signature
ABDULKAR A HALWI		

