

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position	
Nationality	Age	Sex	Location
Ident	16088	Reg.Dt	23/10/2022
name	MUZAMMAL HUSSAIN		

Examination Pre-employment Periodic Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 110/70 Normal Prehypertension Hypertension Stage 1 Hypertension Stage 2 Hypertension Crises
 BMI Category: 30.07 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 Otoscopy 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: B+ve
 Pre-existing condition:
 Remarks: Lipid Profile is high for life style. Metabolism & Repeat after 3 months

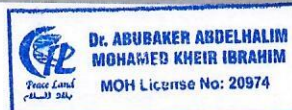
Glucose Level Category Normal 80 - 100 mg/dl Pre diabetic 100 - 125 mg/dl Diabetic > 126 mg/dl
 Cholesterol Risk Category Low Risk LDL is less 130 mg/dl Moderate Risk LDL 130-159 mg/dl High Risk LDL >160 mg/dl
 Routine Urine Analysis Normal Abnormal Not Required Stool Analysis Normal Abnormal Not Required

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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
ABUBAKR A-HALIN				31.10.2022



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
Registration No: 16088	Reg. Dt: 23/10/2022	Location
Name: MUZAMMAL HUSSAIN		

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

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New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
23-10-2022	

Medical Review Date	Employee Signature
	<i>Muzammal Hussain</i>

Doctor Name	Medical License	Medical Doctor Signature
<i>ABUBAKR A. HALIM</i>		<i>Abubakr A. Halim</i>

