

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position	
Nationality	Age	Sex	Location
Ident	16113	Reg.Dt	25/10/2022
ne	NARINDERJIT SINGH		

EXAMINATION TYPE

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: 26.12 ☐ 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: A+ve
 Pre-existing condition:
 Remarks:

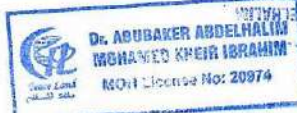
Glucose Level Category 91 ☒ Normal 80 - 100 mg/dl ☐ Pre diabetic 100 - 125 mg/dl ☐ Diabetic > 126 mg/dl
 Cholesterol Risk Category 90 ☒ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☐ High Risk LDL >160 mg/dl
 Routine Urine Analysis ☐ Normal ☐ Abnormal ☐ Not Required Stool Analysis ☐ 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 12)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
<u>ABUBAKR A. HALIM</u>	<u>33</u>		<u>[Signature]</u>	<u>31.10.2022</u>



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
ent 18113 Reg.Dt 25/10/2022		Location
10 NARINDERJIT SINGH		

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
25-10-2022	

Medical Review Date	Employee Signature
Doctor Name	Medical Doctor Signature
ATURANA A. HANA	

