

# MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



## CANDIDATE / EMPLOYEE IDENTIFICATION

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

## 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

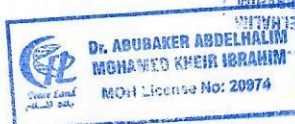
CAGE Questionnaire Alcohol Use  No use of alcohol  Screening negative  Clinically significant

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 20)

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

OQ - Occupational Health Department



Review - 02-30/05/2021

# FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



## EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
Nationality	Age	Sex
Reg. No. 18113	Reg. Dt. 25/10/2022	Location
Name: NARINDERJIT SINGH		

## 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

Fit to work

Fit with following restrictions

Pending Fitness

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
25-10-2022	

Medical Review Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Doctor Name: ATPUNARA A. HALLA

Medical License: \_\_\_\_\_ Hospital: \_\_\_\_\_

Medical Doctor Signature: \_\_\_\_\_

