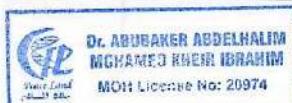


MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	____		Position	
Nationality	Age	Sex	____	Reg.Dt	22/10/2022
			____	Name	ALI NAZAKAT
EXAMINATION TYPE					
Examination	<input checked="" type="checkbox"/> Pre-employment		<input type="checkbox"/> Periodic	<input type="checkbox"/> Exit	
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	120/80	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Prehypertension	<input type="checkbox"/> Hypertension Stage 1	<input type="checkbox"/> Hypertension Stage 2
BMI Category:	26.3	<input type="checkbox"/> Underweight	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Overweight	<input type="checkbox"/> Obese
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 checked="" 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Required (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		Remarks:		
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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		If abnormal, please specify below:	<input type="checkbox"/> Blood Grouping: A +ve	
Pre-existing condition:			Remarks:		
Glucose Level Category	102 <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	105 <input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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
ABUBAKER A.HALIM		Peace Land Hospital	Lab		31-10-2022
OO - Occupational Health Department					



Form Review - 02-30/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION		
Civil ID / Passport #	Company ID #	
		Ent 15731 Reg.Dt 22/10/2022
Nationality	Age	Sex
		ne ALI NAZAKAT
Position		
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	
22-10-2022		
Medical Review Date	Employee Signature	
Doctor Name	Medical License	Hospital
ABDURAKER A. HALIM		
Medical Doctor Signature		