

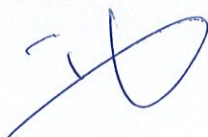




## COMPANY STANDARD PROCEDURE FITNESS TO WORK PROCEDURE

**Procedure Number: PR-310-MED-02**

**Document Classification: Internal**

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	Date	24 SEP 2020	

Rev.	Date	Prepared by	Reviewed by		
00	1/September /2020	 HOM	 HSEQGM	 CHCISO	 CHSEQO



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**Revision / Modification History:**

Rev #	Date	Section No.	Reason for revision / modification
00	01-09-2020	All	New Procedure

**Distribution:**

Through *SharePoint*.

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Rev #	Job Title	Department	Remarks

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## 1. OBJECTIVE

The purpose of this procedure is to specify the requirements for medical fitness of the employees and contractors based on job task to ensure that employees and contractors are fit to carry out his/her designated duties at designated workplace safely.

## 2. SCOPE

This procedure is applicable to Fitness to Work (FTW) assessment in:

- a. Pre-employment
- b. Pre-placement/job transfer with different job requirements
- c. Periodic medical check up
- d. Return to work (RTW)
- e. Job specific fitness to work

## 3. PROCEDURE SUMMARY

This procedure provides information to relevant internal stakeholders such as HSEQ, HR, line Manager, Employees and Contractors on the requirements and procedures for Fitness to Work. It also ensure Fitness to Work program is implemented in a structured and consistent manner.

## 4. ABBREVIATIONS / DEFINITIONS

#	Abbreviation / Key word	Definition summary
1	Candidate	Job applicant
2	Employee	QAPCO employed staff
3	Contractor	A firm that has entered into legal contract to supply service or material to QAPCO
4	FTW	Fitness to work
5	RTW	Return to work
6	HSEQ	Health, Safety, Environment and Quality
7	HR	Human Resource
8	MD & CEO	Managing Director & Chief Executive Officer
9	CHSEQO	Chief HSEQ Officer
10	HSEQGM	HSEQ Group Manager
11	CHCISO	Chief Human Capital & Information System Officer
12	HOM	Head of Medical
13	Line Manager	A person who is responsible for the Department

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## 5. DOCUMENT REFERENCES

#	Document ID	Document name	Summary of dependency or use
1	Ministry of Public Health (MOPH) Circular [No. (01-2019) Revised	Implementation of Practitioners' Health Fitness Assessment Policy in Qatar	Free of Communicable Diseases for healthcare practitioner
2	Ministry of Public Health (MOPH) Circular [No. QD-14-2013	Fitness to Work in Radiation Field	To undergo fitness to work in radiation field's
3	--	QAPCO Policy	Top Management Commitment
4	IN-310-MED-01 Rev.02	QAPCO Clinic Management Instruction	Medical requirement for Contractor
5	PR-QSS-128	HSE Training Process	Medical requirement for SCABA
6	PR-250-HSE-05	High Pressure Water Cleaning (HPWC) Procedure	Medical requirement for hydro jetting job
7	IN-250-HSE-15	HSE Instructions for Safe Work at Height	All crew members shall be medically fit for the task
8	IOGP (International Association of Oil & Gas Producers) Report No. 470, 2011	Guidance for Company and Contractor health, HSE and HR Professionals	Fitness to Work

### 5.1. Risk Register Reference

#	Risk ID	Risk Description	Remarks
1	NA	NA	NA

## 6. IT SYSTEM REQUIREMENTS

#	IT system module name	Summary of IT system module use
1	SAP – HR module	Pre employment medical checkup and annual medical checkup

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## 7. RASCI SUMMARY

#	Procedure chapter	Head of Medical Section	Chief HSEQ Officer	HR Department	Medical Section Staff	Employee's Direct Supervisor
1	Fitness to work assessment	R	-	I	S	-
2	Fitness to work implementation	R	C	I	S	A

### **Legend:**

R = Responsible (the class of people who are ultimately responsible for getting the work done)

A = Accountable (the position that is accountable to oversee that the work gets done)

S = Support (the person who supports by providing information and suggest any deviations from the Procedure)

C = Consulted (the person who can advise when needed)

I = Informed (concerned persons who are required to be informed or communicate to)

### **7.1. ROLES AND RESPONSIBILITIES:**

#### 7.1.1. Line Managers, Chief Officers

- a. Adhere to the requirements of fitness to work procedure.
- b. Support and liaise with HSEQ for the implementation of the standard.
- c. Support employees' attendance to their scheduled fitness to work assessment.

#### 7.1.2. Direct supervisor

- a. Communicate this procedure and all its requirements to their members at all work level within their areas of responsibilities.
- b. Refer employee to QAPCO Medical when they are suffering from or returning from a significant illness/injury.
- c. Authorize their personnel to attend their scheduled fitness to work assessment.

#### 7.1.3. Procurement Manager

- a. Ensure this fitness to work procedure shall be included as one of requirement in every tendering process.
- b. Inform the contractors on the Fitness to Work requirements.

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7.1.4. HSEQ Group Manager

- a. Ensure that Health Risk Assessment is conducted, recorded and reported to concerned Departments.
- b. Liaise with contractor HSE personnel and provide HSEQ requirements to contractor when necessary.
- c. Oversee the implementation of an appropriate medical surveillance program for the workforce at risk.
- d. Notify for any changes in procedure, risk assessment that may impact to fitness to work, require re assessment according to new hazards and risk identified.

7.1.5. Human Resource Manager

- a. Request various type of Fitness to Work medical examination according to QAPCO Fitness to Work Procedure.
- b. Provide copy and/or summary of job description of each employees with the request for medical examination.
- c. Record pre-employment fitness to work certificate.

7.1.6. Head of Medical

- a. Apply the procedure in determining Fitness to Work.
- b. Review and authenticate Fitness to Work medical certificate from external medical facilities.
- c. Interpret all investigations, clinical data in line with Fitness to Work procedure, International and State of Qatar standards.
- d. Implement return to work assessment based on job description and health risk assessment report (if applicable) in order to ensure safety and health of employee and other co-workers.
- e. Provide recommendations on the Fitness status of employee and contractor to concerned Department.
- f. Report fitness status of employee (maintaining medical confidentiality) to QAPCO Management and advise Human Resource accordingly.
- g. Maintain medical records pertaining to Fitness to Work while ensuring confidentiality.

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#### 7.1.7. Employee

- a. Attend their scheduled medical assessment as per recommendations stipulated in this procedure.
- b. Notify to Medical section for any occupational exposure in the workplace.
- c. Report change of job tasks/job descriptions.

## 8. FITNESS TO WORK STANDARD

### 8.1. TYPE OF FITNESS TO WORK ASSESSMENTS

8.1.1. **Pre-employment:** a pre-employment health assessment is done to evaluate a person's physical and mental suitability for the work when a candidate or a contractor is to be employed by QAPCO. It is also used to establish the baseline of the person's general health status and predict the person's suitability for short- or long-term employment. Specific jobs may have certain health requirements or an inherent element of risk to health and safety which may require furthermore extensive medical examination.

8.1.2. **Preplacement/job transfer with different job requirement:** is done to determine the health status and presence of medical conditions that may render the employee unsuitable for his/her new assignment.

This assessment is performed prior to the employees' deployment into a job and/or job location and requested by concerned Department through HR Department.

8.1.3. **Periodic medical checkup:** is a routine medical health assessment which focuses on any health risks concerning employees in terms of preventive measures.

8.1.4. **Return to work (RTW):** is required for employee or contractor (where applicable) who has been away from work due to illness/injury to determine his/her physical and mental fitness to continue with his pre-illness/pre-injury work.

Requestor of RTW (i.e. line Manager, HR, Incident Owner and HSEQ) shall be accountable to ensure the regular job description made available during initiation process.



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Return to work process shall be triggered for employee and contractor worker who was away from work due to the following but not limited to:

- a. Serious injury i.e. fractures, dislocations, multiple open wound, etc.
- b. Serious illness i.e. cancer, myocardial infarction, stroke, mental illness, etc.
- c. Communicable disease of significance

8.1.5. **Job specific fitness to work:** is a health assessment carried out for specific/critical jobs that require additional/specific requirements on the employees or contractors.

Below are specific/critical jobs categories:

- a. Working in Confine space / SCABA / users of breathing apparatus
- b. Hydro jetting
- c. Fire fighters and Emergency Response Team member
- d. Crane, forklift operators and driver
- e. Workers performing task that require color perception (i.e. electrician, automation/instrument, laboratory technician, panel operator)
- f. Working at height
- g. Healthcare practitioner
- h. Food handlers
- i. Classified radiation worker
- j. Security guard

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## 8.2. FITNESS TO WORK FREQUENCY AND APPLICABILITY

The table below sets the Fitness to Work (FTW) requirements, frequency and applicability based on identified jobs.

No	Job Type	Essential Fitness Tests	Frequency	Applicability
1	<b>Pre-employment</b>	<ul style="list-style-type: none"> <li>• Physical examination</li> <li>• Vital signs</li> <li>• Complete vision tests (color blindness, visual acuity)</li> <li>• Blood test               <ul style="list-style-type: none"> <li>- <b>Hematology:</b> complete blood count</li> <li>- <b>Chemistry:</b> kidney function test, liver function test, fasting blood sugar, lipid profile</li> </ul> </li> <li>• ECG for all ages</li> <li>• Lung function test (Spirometry)</li> <li>• Hearing test (Audiometry)</li> <li>•</li> </ul>	Once	Candidate
2	<b>Pre-placement/job transfer with different job requirement</b>	<ul style="list-style-type: none"> <li>• Physical examination</li> <li>• Vital signs</li> <li>• Complete vision tests</li> </ul> <p><b>Additional tests based on identified health hazards</b></p>	Once	Employee
3	<b>Office staff</b> (i.e. Doha HQ office staff, supervisory and up positions)	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 50 years old</li> </ul>	Annually	Employee
4	<b>Plant staff</b> i.e. field operator and maintenance technicians (Mechanical, Electrical and Automation)	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> <li>• Hearing test (Audiometry)</li> </ul>	Annually	Employee
5	<b>Plant staff</b> <u>except</u> field operator and maintenance technicians	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> </ul>	Annually	Employee

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6	<b>Working in Confine space/SCABA/ users of breathing apparatus</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• Cardio- Respiratory: <ul style="list-style-type: none"> <li>- Lung function test (spirometry)</li> <li>- ECG &gt; 40 years old</li> </ul> </li> </ul>	Annually	Employee and Contractor
7	<b>Hydro jetting</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> </ul>	Annually	Employee and Contractor
8	<b>Fire fighters and Emergency Response Team member</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• Hearing test (Audiometry)</li> <li>• Cardio- Respiratory: <ul style="list-style-type: none"> <li>- Lung function test (spirometry)</li> <li>- ECG &gt; 40 years old</li> </ul> </li> <li>Additional test for Fire Fighters: <ul style="list-style-type: none"> <li>- Step test</li> </ul> </li> </ul>	Annually	Employee and Contractor
9	<b>Crane, forklift operators and driver</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Complete vision tests (color blindness, visual acuity)</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• Hearing test (Audiometry)</li> <li>• ECG &gt; 40 years old</li> <li>• Epilepsy evaluation</li> </ul>	Annually	Employee and Contractor
10	<b>Workers performing task that require color perception (i.e. electrician, automation technician, panel operator, laboratory technician)</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Complete vision tests (color blindness, visual acuity)</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 50 years old</li> </ul>	Annually	Employee and contractor

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11	<b>Working at height</b> (i.e. scaffolder, erectors, rigger, etc.)	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity test</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> <li>• Epilepsy evaluation</li> </ul>	Annually	Employee and Contractor
12	<b>Healthcare practitioner</b>	<ul style="list-style-type: none"> <li>• Infectious diseases examination</li> <li>• Blood borne pathogen test</li> </ul> <p><b>*Refer to MOPH (Ministry of Public Health, state of Qatar) requirement</b></p>	Every 2 years	Employee and contractor
13	<b>Food handler</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Complete vision tests (color blindness, visual acuity)</li> <li>• Infectious diseases examination</li> </ul> <p><b>*Refer to MOPH (Ministry of Public Health, state of Qatar) requirement</b></p>	Annually	Employee and Contractor
14	<b>Classified Radiation worker</b>	<ul style="list-style-type: none"> <li>• Physical examination</li> <li>• Vital signs</li> <li>• Complete vision tests (color blindness, visual acuity)</li> <li>• Blood tests: <ul style="list-style-type: none"> <li>- Complete blood count</li> <li>- Thyroid function test</li> </ul> </li> </ul>	Every 3 years	Employee and Contractor
15	<b>Security guard</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> </ul>	Annually	Employee and Contractor
16	<b>Contractor – Plant based</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity</li> <li>• Blood test (Hematology, Chemistry)</li> <li>• ECG &gt; 40 years old</li> </ul>	Annually	Contractor

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17	<b>Contractor Non-Plant</b> (i.e. office boy/tea boy, cleaning services, office maintenance staff)	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Visual acuity</li> <li>• Blood test (Hematology, Chemistry)</li> </ul>	Every 2 years	Contractor
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For contractor employee working with business visa requires medical test as per requirements' above and additional tests include:

- Chest X-ray
- Hepatitis B and C
- HIV

### 8.3. FITNESS TO WORK CATEGORIES:

8.3.1. **Fit to work:** employee is fit to carry out all task as per job requirements.

8.3.2. **Fit to work with restriction:** employee is fit for the post but require some adjustments/modifications of the tasks or equipment to enable him/her to fully function in the position. This may be temporary or permanent basis.

8.3.3. **Unfit:** employee is medically unfit for his/her job offered/assigned. This may be temporary or permanent basis.

### 8.4. MANAGEMENT OF UNFIT OR FIT WITH RESTRICTION CASES.

8.4.1. Management of unfit or fit with restriction cases should involve relevant accountable departments managing employment status of employee. Department focal person is usually line manager, HR and HSEQ. advice from head of medical should be sought when required.

8.4.2. Details of restrictions are available in the FTW assessment reports and all information provided by head of medical must be treated in accordance with company personal data and medical confidentiality standard practice/ETHICS. Sharing of FTW information shall be done as per need basis mainly among those involve in decision making only.

8.4.3. Where an employee is found to be unfit or fit with a restriction, he/she should be informed of the reasons for this conclusion and be allowed to discuss with head of medical section to acquire further medical advice where relevant.

8.4.4. Subsequent job accommodation or modification should be done in accordance with company policy/procedure.

8.4.5. Job accommodation or modification can be achieved by considering action listed below:

- a. Making reasonable changes to the workplace and/or to the work task SUCH THAT an employee may safely conduct the task.
- b. Reasonably assigning the work to another employee.

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## 9. RECORDS

All fitness to work shall be recorded in the specific files.

#	Document / Record ID	Document / Record name	Responsible department or section
1	Medical Record	Employee Medical File	Medical Section
2	Pre-employment fitness to work (FTW) certificate	Pre-employment file	Human Resource
3	Job specific fitness to work (FTW)	Contractor FTW record	Medical Section
4	Return to work	Fitness to work certificate	Medical Section

## 10. APPENDIX

### 10.1. SERVICE LEVEL DEFINITION

The key services and service levels listed below are required to complete the activities contained within this procedure

#	Service	Service level	Service provider	Service customer
1	N/A	N/A	N/A	N/A

### 10.2. FORM 001 HEALTH DECLARATION AND CONSENT FORM



#### HEALTH ASSESSMENT FOR FITNESS TO WORK

**FORM 001**  
**HEALTH DECLARATION AND CONSENT FORM**

**TO BE COMPLETED BY CANDIDATE / EMPLOYEE**

Full Name: <small>(As in QID or Passport)</small>	Employee File No. / Passport No.	Contact No: (mobile)
Home address / Company Address:		
Place of examination: Date:	Birth Date (dd/mm/yy)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Offered Job Title:	Location: <input type="checkbox"/> Office <input type="checkbox"/> Plant	

**DO YOU HAVE OR HAVE YOU HAD (Tick "YES" or "NO")**

		Y	N			Y	N			Y	N
1	Sinus Problem			23	Gastritis / Ulcer			44	Mental problem e.g. depression		
2	Allergic Rhinitis / other allergy			24	Recurrent indigestion			45	Drug and alcohol problem		
3	Any skin problem			25	Jaundice / Hepatitis / Liver problem			<b>HAVE YOU EVER BEEN EXPOSED TO:</b>			
4	Any ear discharge			26	Gall Bladder Disease			46	Exposed to health hazard such as noise, dust, chemicals, heavy metals, radiation, etc? If Yes, pls. specify: _____		
5	Neck/ gland swelling			27	Marked change in weight			47	Suffered from work related illness before such as asthma, skin condition, hearing loss, backache, blood disease etc? If Yes, pls. specify: _____		
6	Dental problem			28	Marked change in bowel habit			48	Have you had any previous abnormal audiometry/ lung function test/ chest Xray? If Yes, pls. specify _____		
7	Severe Headache / migraine			29	Kidney stone / disease			49	HAVE YOU HAD OTHER ILLNESS (S) If Yes, pls. specify: _____		
8	Frequent Dizziness / Fainting episode			30	Painful passage of urine			<b>FOR WOMEN ONLY - Have you ever had:</b>			
9	Stroke			31	Blood in urine			30	Any gynecological problem? If yes, pls. specify _____		
10	Epilepsy			32	Piles/ hernia			31	Are you pregnant? If yes, how many months _____		
11	Lump in breast / arm pit			33	Blood in stools						
12	Frequent lung infection			34	Varicose Veins						
13	Shortness of breath			35	Serious Joint/ spinal problem						
14	Coughed / Vomited blood			36	Gout						
15	Bronchial Asthma / Bronchitis			37	Diabetes						
16	Tuberculosis			38	Cancer						
17	Serious chest pain			39	Surgical operation						
18	Abnormal heart beat			40	Accident/ injury						
19	Heart Disease			41	Fear of Heights						
20	High blood pressure			42	Fear in enclosed / Confined space						
21	Any blood disease			43	Are you currently taking any medication? If yes, pls. specify _____						
22	Severe abdominal pain										

Do you Smoke or vape:	Yes No	Do you Take Alcohol regularly	Yes No	If yes, amount per week?
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**Have any of your family members suffered from the following ?**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer	<input type="checkbox"/> Eczema
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Blood Diseases	<input type="checkbox"/> Bronchial Asthma	<input type="checkbox"/> Epilepsy

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**HEALTH ASSESSMENT FOR FITNESS TO WORK**

**FORM 001**

**Declaration & Consent Statement**

I, the undersigned declare, declare and certify that the disclosure of the above information has been made voluntarily and that the information given above is true and complete to the best of my knowledge. I understand that false declaration of any information required above may result in disciplinary action and / or legal proceedings being taken against me.

For Fitness To Work health assessment including pre-employment, I hereby give my consent to the examining Medical Examiner to disclose the information given in this Forms and the result of my health assessment to the Head of medical and/or authorized QAPCO Personnel for the purpose of management of all matters related to QAPCO employment processes.

For Preventive Health assessment (screening), I understand that medical data will be analyzed anonymously for the purpose of QAPCO health and wellness program implementation. My personal identity will not be revealed at any point of analysis nor will it be used for Fitness To Work or employment processes.

I understand that QAPCO shall endeavor to implement the appropriate security safeguards and administrative procedures in accordance with the applicable local laws and regulation to prevent unauthorized or unlawful processing, usage and accidental loss or destruction of / or damage to, my Personal Data.

I have read, understood and accept the content of this Consent Statement given herein and I hereby give my consent for QAPCO to manage my Personal Data in the QAPCO Occupational Health Database System.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Questionnaire reviewed by:  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(QAPCO Medical Team)



### 10.3. FORM 002 HEALTH ASSESSMENT

Form 002-A



#### HEALTH ASSESSMENT FOR FITNESS TO WORK

**FORM 002  
HEALTH ASSESSMENT**

Medical Doctor		HR Email	
Employee Name		Employee File No.	
QJD Number		Passport Number	

**ASSESSMENT TYPE**

Pre-employment     
  Periodic (Annual)     
  Exit

Pre Placement  Domestic  International

Return to Work  Job Specific  
 Non Job Specific ( Post Injury/ illness)

Job Specific

<input type="checkbox"/> Fire Fighter and Emergency Response Personnel	<input type="checkbox"/> Security Guard	<input type="checkbox"/> Food Handler	<input type="checkbox"/> Healthcare Practitioner
<input type="checkbox"/> Confined Space/SCABA	<input type="checkbox"/> Crane and fork Lift Operator, Driver	<input type="checkbox"/> Radiation Worker	
<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Hydro Jetting	<input type="checkbox"/> Work Require Colour Perception	

Contractor Worker     
  Plant     
  Non-Plant

**PHYSICAL EXAMINATION**

Weight (Kg) \_\_\_\_\_ Height (m) \_\_\_\_\_ BMI \_\_\_\_\_ BP (mmHg) \_\_\_\_\_ PR \_\_\_\_\_  
 Temperature \_\_\_\_\_

	Distance Vision		Near Vision		Color Vision
Uncorrected	R	L	R	L	
Corrected					

Page 1 of 2

Form 002-B



**HEALTH ASSESSMENT FOR FITNESS TO WORK**

**FORM 002  
HEALTH ASSESSMENT**

Employee Name  Employee No / Passport No. / QJD no.

N= Normal , A = Abnormal , NA = Not Applicable

- |   |   |
|---|---|
| <p>1 Eye <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>2 Ear, Nose &amp; Throat <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>3 Oral / Teeth <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>4 Lungs/ chest <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>5 Cardiovascular <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>6 Abdomen <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>7 Hernia Orifices <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> | <p>8 Skin <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>9 Varicose Veins <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>10 Extremities / Musuloskeletal <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>11 Neurological <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>12 Genitourinary <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>13 Breast <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>14 Anus &amp; Rectal examination <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> |
|---|---|

Assessment & Examinations Finding/Medical Remarks

**CLINICAL AND LABORATORY TEST RESULTS**

- |  |   |
|--|---|
| <p>1 Audiometry <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>2 ECG <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>3 Lung Function Test <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>4 Full Blood Count <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>5 Fasting Blood Glucose <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>6 Serum lipid <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> | <p>7 Urea and Creatinine <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>8 Liver Function Test <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> <p>9 Uric Acid <input type="radio"/> N <input type="radio"/> A <input type="radio"/> NA</p> |
|--|---|

Total Cholesterol  mmol/L      Fasting Blood  mmol/L      Blood Group

Audiometry Test Result (RIGHT) Leave blank if there's no value

Frequency (KHz)	0.5	1.0	2.0	3.0	4.0	6.0	8.0	Avg 0.5, 1, 2	Avg 0.5, 1, 2, 3	Avg , 2, 3, 4
dB										

Audiometry Test Result (LEFT) Leave blank if there's no value

Frequency (KHz)	0.5	1.0	2.0	3.0	4.0	6.0	8.0	Avg 0.5, 1, 2	Avg 0.5, 1, 2, 3	Avg , 2, 3, 4
dB										

Additional tes Findings / Remarks

If yes / Applicable, kindly select (x) relevant box (confirmed diagnosis only)

- Diabetes Mellitus   
  Hypertension   
  Ischemic Heart Disease   
  Bronchial Asthma   
  Smoking / Vaping

Prepared by:

### 10.4. FORM 003 FITNESS TO WORK CERTIFICATE



#### HEALTH ASSESSMENT FOR FITNESS TO WORK

**FORM 003  
FITNESS TO WORK CERTIFICATE**

Employee Name  Employee No / Passport No. / QID no.

This is to certify that I have examined the above named person and found his/her fitness as follows:

ASSESSMENT TYPE	RESULT <small>Fit / unfit / fit with restriction</small>	NEXT DUE <small>Validity / Expiry Date of Assessment (dd/mm/yr)</small>
<input type="checkbox"/> Pre-employment		
<input type="checkbox"/> Pre-Placement		
<input type="checkbox"/> Periodic / Annual		
<input type="checkbox"/> Return to Work		
<input type="checkbox"/> Job Specific		
<input type="checkbox"/> Final / Exit		

**RESTRICTION INFO :**

JOB   
 DURATION   
 LOCATION

Restriction End Date: (dd/mm/year)

Remarks to HR (For Unfit) FWRI cases, Kindly state the risk and indication if the candidate / staff is allowed to work)

Medical Advise / Consultation to Employee

Head of Medical Signature \_\_\_\_\_ Date (dd/mm/year)

Head of Medical Name:

Clinic Name:

Stamp

### 10.5. FORM 004 JOB SPECIFIC FITNESS TO WORK



#### JOB SPECIFIC FITNESS TO WORK

FORM 004				
Assessment Type				
<input type="checkbox"/> Confined Space/SCABA	<input type="checkbox"/> Hydro Jetting	<input type="checkbox"/> Working at Height		
<input type="checkbox"/> Fire fighters/ERT	<input type="checkbox"/> Crane, Forklift operator and Driver	<input type="checkbox"/> Workers require color perception		
<input type="checkbox"/> Healthcare practitioner	<input type="checkbox"/> Food handler	<input type="checkbox"/> Security guard		
<input type="checkbox"/> Classified Radiation Worker				
<b>Details:</b>				
Name:		Designation:		
Age/ Sex:		Company :		
<b>Vital Signs:</b>				
Blood Pressure		Oxygen Sat		
Heart Rate		Height		
Respiratory Rate		Weight		
		RBS		
		BMI		
<b>Physical Examination :</b>				
<b>Parameters:</b>				
NO:	History and Examinations	YES	NO	Remark
1	Acute disorders affecting test performance (e.g. vomiting, nausea, vertigo)			If yes, contraindications to do spirometry (lung function test)
2	Recent myocardial infarction or unstable angina			
3	Recent abdominal or thoracic surgery			
4	Recent eye surgery			
5	Pneumothorax			
6	Hemoptysis of unknown origin			
7	History of claustrophobia			for confined space only
8	History of acrophobia			for working at height only
9	History of epilepsy			for crane, forklift operator, driver and Working at height
10	Visual disturbance			
11	Abnormal grip strength test			
Spirometry Result: _____				
ECG Result (> 40 years old): _____				
<b>Conclusion:</b>				
<input type="checkbox"/>	<b>Fit to Specific Job</b>	<input type="checkbox"/>	<b>Unfit to Specific Job</b>	
Date: _____		Validity: _____		
Examined by: _____				
<b>Head of Medical</b>				