



**NATIONAL  
HEALTH  
STRATEGY**  
2018-2022  
Our Health  
Our Future



NATIONAL HEALTH STRATEGY  
**HEALTHY AND  
SAFE EMPLOYEES**

# NATIONAL GUIDELINES FOR OCCUPATIONAL HEALTH ASSESSMENT



**2020**



Abbreviation and Acronyms.....	2
Foreword.....	3
1 Introduction.....	4
2 Aim.....	4
3 Purpose.....	5
4 Scope.....	5
5 Intended Audience.....	5
6 Considerations.....	6
7 Activities of Occupational Health Services.....	6
7.1 Surveillance of Workers' Health.....	6
7.2 Surveillance of Work Environment.....	6
7.3 Risk Assessment.....	7
8 Occupational Health Screening.....	11
8.1 Fitness to Work Assessment.....	11
9 Principles.....	12
10 Generic Process.....	12
10.1 Health Questionnaire.....	13
10.2 Nursed Based Assessment.....	13
10.3 Physician Based Assessment.....	14
10.4 Work-Related Tests and Investigations.....	14
10.5 Consultation and Research.....	15
10.6 Declaration of Fitness to Work.....	15
10.7 Occupational Factors to Be Considered.....	15
11 Implementing OH Assessment Program.....	16
12 Assessor Selection.....	17
12.1 Health, Safety, and Environment.....	17
12.2 Occupational Physician.....	18
12.3 General Practitioner.....	18
12.4 Occupational Health Nurse.....	18
13 Occupational Health Surveillance Program.....	19
13.1 General Objectives.....	19
13.2 Types of Health Surveillance.....	19
13.3 Frequency of Health Surveillance.....	20
13.4 Special Groups.....	20
13.5 Management Review.....	20
13.6 Records.....	20
13.7 Confidentiality.....	21
13.8 Health Hazards.....	21
14 Outcome of OH Assessment.....	21
14.1 Fit for Current Position.....	21
14.2 Fit with Restriction.....	21
14.3 Temporary Unfit for Current Position.....	21
14.4 Permanently Unfit for Current Position.....	21

14.5	Consequences .....	22
15	OH Assessment Records.....	23
15.1	Security of OH Records .....	23
15.2	Transfer of OH Records .....	23
15.3	Archiving.....	23
16	References.....	24
17	Appendices .....	25
17.1	Appendix 1 – Hazardous Materials or Exposures Requiring Medical Surveillance .....	25
17.2	Appendix 2 – Risk Assessment Matrix: Guidance on likelihood scoring .....	37
17.3	Appendix 3 – Generic Health Questionnaire .....	39
17.4	Appendix 4 – Generic Medical Examination Form .....	45
17.5	Appendix 5 – Some Occupations Requiring Medical Screening.....	47
17.6	Appendix 6 – Generic Fitness to Work Certificate .....	66
17.7	Appendix 7 - Audiometry Questionnaire .....	67
17.8	Appendix 8 - Job Safety Analysis Form .....	69
17.9	Appendix 9 - Risk Assessment Form.....	70

# Acknowledgment

The National Health Strategy 2018-2022 is a crucial step in the right direction, focusing on human development as one of the major criteria towards achieving the Qatar National Vision 2030.

“Healthy and safe Employees,” led by the National Lead Dr. Asma Ali Al Nuaimi, has been identified as one of the seven priority populations within the National Health Strategy 2018-2022, which reflects a population health approach.

The Strategy plans for this population aim to develop a better understanding of occupational health in Qatar but also to promote and enhance healthier lifestyles and wellbeing of employees. The subtask group HE 02 which focusses on Occupational Health assessment is chaired by

Dr. Maryam Al Muslemani, Subtaskforce Lead from PHCC and the Core Members are:

Dr. Abdelrahman Mohgoub Ibrahim Dagig, Qatar Energy

Dr. Abid Sulaiman Akhter, Qatar Energy

Dr. Zaineb Nory Ahmed, HMC

Eng. Badr Al Saadi, MME

Mrs. Nida Mohammad Mansour, PHCC

Dr. Imran Habeebur Rehman, PHCC

Dr. Rafa Mohamed Saeed Omer, MoPH

Mr. Abdullah Al Dosari, Ministry of Labour

Subtask Group 2 is focusing on establishing an effective Occupational Health Assessment (OHA) program. This document aims to advise employers on the employees' health and makes recommendations on what adjustments could be considered to ensure a safe and healthy working environment for that employee. It will also provide fitness to work guidelines.

By implementing these guidelines, It is hoped that these initiative both employers and employees in Qatar will detect the benefits of applying OHA and recognize that paying on occupational health assessment is long term investment, it will have the potential to benefit both employees and the organizations they are working for

## **National target by 2022:**

%55 of government and semi-government employees will have access to an occupational health-based workplace wellness program

## **NATIONAL GUIDELINES**

### OCCUPATIONAL HEALTH ASSESSMENTS

## Abbreviation and Acronyms

GCC	Gulf Cooperation Council
ILO	International Labor Organization
MoPH	Ministry of Public Health
NHS	National Health Strategy
OH	Occupational Health
OHA	Occupational Health Assessment
QNV	Qatar's National Vision
WHO	World Health Organization
HE2	Healthy and Safe Employees subtaskforce 2
JHA	Job Hazard Analysis
PPE	Personal Protective Equipment
PTP	Assessment, Pre-task planning
HR	Human Resources
HSE	Health and Safety Executive
PFT	Pulmonary function test

# Foreword

Qatar's National Vision (QNV) 2030 provided the foundation for the formulation of the first National Health Strategy 2011-2016 (NHS-1), which built a solid foundation for the second National Health Strategy 2018-2022 (NHS-2). NHS-1 categorically emphasized that Qatar must improve health and safety conditions across all sectors, with particular focus on the population of workers, given that workplace injuries are the third highest cause of accidental deaths. It also highlighted that National occupational health standards must be developed, and occupational health policies and regulations must be enforced.

NHS-2, Healthy, and safe employees' initiative, focuses on the physical and mental health of workers to improve population health, increase efficiency and economic productivity, and reduce the burden on healthcare services. To achieve good results, establishing a continuous and regular occupational health assessment system and developing a unified system to assess occupational hazards in all professions and situations on a case-by-case basis. This effort will culminate in the development of occupational safety promotion programs under an integrated national policy based on reviewing all labor laws at both corporate and state levels.

In order to optimize Qatar's continued and sustained economic growth and to successfully achieve the QNV 2030, we must value the health and wellness of our employees. The employer is responsible for protecting the health and safety of the workforce, and employees must take reasonable care to look after their health and safety. Occupational Health assessment is an integral part of health risk management, which in itself is an essential tool in meeting these responsibilities. Although occupational health legislation exists in Qatar to safeguard the health of workers, many employers do not seem to be in full understanding of its provisions.

HE2 subtask force is dedicated to the development and implementation of the National Guidelines on Occupational Health Assessment. This document is designed to assist employers and OHS professionals in establishing various types of OH assessment programs to ensure that each worker is medically fit to perform the required duties of a job effectively and without any risk to self or others' health and safety.

In closing this foreword, I must thank and congratulate all HE2 subtask force members for their enormous undertaking and producing this guideline document of such comprehensive coverage and impeccable quality.

Healthy and safe Employee Taskforce

## 1. Introduction

The Qatar National Vision 2030 (QNV 2030) is a development plan launched in 2008 aiming to “transform Qatar into an advanced society, capable of achieving sustainable development” by 2030. It has four central pillars: economic, social, human, and environmental development. The ‘Human Development’ pillar expresses Qatar’s ambition to develop a healthy population, which, amongst many other target areas, includes the development of strategies aimed at improving national OSH performance. This was implemented in its first phase via the National Development Strategy (NDS) 2011-2016 and its health component, the National Health Strategy (NHS-1) 2011-2016.

This work is currently being achieved through the NDS 2018-2022, supported by the (NHS-2) 2018-2022. Led by the MoPH, the NHS-2 is an all-encompassing vision for Qatar’s health sector, which sits above all other health strategies to guide the development of the Qatar healthcare system. It has ‘Healthy & Safe Employees’ as one of its 7 ‘priority populations’ with the following objectives:

- Minimize the rate of occupational diseases, injuries, and deaths at all workplaces,
- Implement an occupational health capability that contributes to the development, implementation, and enforcement of occupational health standards,
- Establish data collection, monitoring, and reporting of occupational health status across the healthcare system.

This work is currently being undertaken by seven sub-taskforces, membership of each taskforce comprises key parties from the relevant Government ministries and the wider OSH community in Qatar. The role of the HE2 subtask force is to ‘Develop and implement national guidelines on occupational health assessments.’

The ILO Occupational Health Services Convention (No. 161) defines «occupational health services» as services entrusted with essentially preventive functions and responsible for advising the employer, the workers, and their representatives in the undertaking on the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health.

Occupational health assessment is an integral part of OH services. Various types of OH assessment should contribute to the aims of occupational health defined by the Joint ILO/WHO Committee. Work health assessments must be carried out fairly, objectively, and in accordance with equal opportunities legislation and good occupational health practice. OH assessment should be appropriate to the occupational risks in the enterprise and should be accompanied by a number of safeguards concerning its purpose, its quality, the protection of workers’ interests, and the collection, transmission, and use of health and medical data.

## 2. Aim

Occupational assessment is important to ensure the compatibility of the workers to their assigned job and that their occupational exposure to hazards does not have any detrimental effect on their health. The scope of occupational health is expanding to cover not only health and safety but also psychological and social well-being and the ability to conduct socially and economically productive life.

As for health examinations, they are crucial in identifying any conditions to prevent and control effects adverse to the health and safety of workers and prevent the occurrence of work-related injuries and diseases.



### 3. Purpose

Workplaces demands on our physical and emotional capabilities and subjects people to a wide variety of substances and conditions. Work itself may lead to ill health or injury, just as some health conditions may be worsened by work factors.

Some of those conditions may be acute, chronic, or relapsing in nature. Impairments and disabilities may also be temporary or permanent. These may or may not affect a person's capacity to do his or her normal job.

Health assessment for work involves matching the person's physical capabilities to the requirements of the task. The principles are the same whether the health assessment is to determine existing conditions, capabilities, or other factors predisposing to ill-health, is carried out before employment, before placement in a new job or work environment, or periodically during employment.

The purpose of these guidelines is to assist all those who have responsibilities to design, establish, implement and manage workers' health assessment programs that will facilitate preventive action towards ensuring a healthy and safe working environment for all.

The aim of OH assessment is to evaluate a person's physical and mental capacity to carry out the tasks inherent in a job and in the environment in which they are to work. The subject's fitness should be interpreted in functional terms and the context of the job requirements.

The assessment helps to ensure that the job does not cause or aggravate any existing disease or injury and that the characteristics of any disease or disability will not cause harm to others, including fellow employees and members of the public, through inappropriate actions by the employee.

Employers have a duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of all their employees. Good employment practice involves due consideration of the needs of all job applicants and employees with special needs or medical conditions to ensure the legal duties of reasonable adjustment and nondiscrimination in employment,

It is ultimately the employer's responsibility to set the objectives for attendance and performance and to ensure compliance with the law on health and safety and employment, to provide a baseline health profile for statutory health surveillance to measure and detect any changes in health during employment, and to make sure that job applicants are free from any contagious disease as per GCC rules and regulations for expatriate medical examination.

### 4. Scope

This guideline applies to all employers and places of business covered under the Qatar Labor law of 2004. If the requirements of this document conflict with requirements set by another regulatory authority, employers are required to follow the more stringent requirement.

### 5. Intended Audience

- Policy- and decision-makers in health, social and environmental issues
- Purchasers and providers of occupational health services
- Workers' representatives
- Organizations, employers and representatives of employers
- Professional associations in all occupational health disciplines
- Academic entities involved in research, education, and training in occupational health

- Clinical affairs and medical scientists and researchers
- Health, safety and environment agencies responsible for inspection and enforcement of legislation and regulations
- Insurance companies
- Auditing and certifying bodies

## 6. Considerations

These guidelines constitute practical recommendations and do not replace national laws, regulations, international labor standards, or other accepted standards. Local circumstances and the availability of financial and technical resources will determine how far it is practicable to follow the provisions of the guidelines. These provisions are considered to be the basic requirements for workers' health assessment and are not intended to discourage competent authorities from adopting higher standards.

Surveillance should be carried out in consultation with the workers or their representatives, and (Article 9 of the ministerial Decree No. 19 of 2005) and should not result in any loss of earnings for them - free of charge (Article 100 of the Labour Law; Article 1 of the Decree No. 19 of 2005). Furthermore, the medical examination should take place during working hours.

## 7. Activities of Occupational Health Services

### 7.1 Surveillance of Workers' Health

Surveillance of workers' health is one of the key activities of Occupational Health Services. It is composed of a systematic set of procedures that will detect the early signs of work-related health changes that could indicate permanent damage to the individual's wellbeing.

Health Surveillance may include specific medical surveillance by health professionals, which in itself may include clinical examinations or biological monitoring to measure and assess both uptake and/or the effects of exposure to certain environments; examples of hazardous materials are listed in Appendix 1. This is the reason that health surveillance may feature both primary and secondary prevention characteristics in occupational health and safety.

### 7.2 Surveillance of Work Environment

The quality of the working environment through compliance with safety and health standards has to be ensured by surveillance at the workplace. According to ILO Convention No. 161, surveillance of the working environment is one of the main tasks of the occupational health services.

It is carried out for the identification of hazardous exposures and other conditions of work, identification of exposed workers, and assessment of the levels of exposures for various groups of workers.

Most of the instruments guiding occupational health services emphasize the need to carry out the surveillance before initiating services, periodically during the course of the activities, and always when substantial changes in work or the working environment have taken place.

The results obtained provide the necessary data to estimate whether preventive actions taken against health hazards are effective, as well as whether workers are placed in jobs adequate to their capacities.

These data are also used by the occupational health service to ensure that reliable protection against exposures is maintained and to formulate advice on how to implement controls in order to improve the working environment. In addition, the accumulated information is used for epidemiological surveys, for the revision of permissible exposure levels, as well as for the evaluation of the effectiveness of control measures and other methods of various preventive programs.

## 7.3 Risk Assessment

Findings of surveillance of health and working environment are used as a source of information for primary prevention measures to provide identification and evaluation of the environmental factors which may affect the workers' health.

Risk assessment can be defined as «the process of evaluating the risk to health and safety of workers while at work arising from the circumstances of the occurrence of a hazard at the workplace.” The purpose is to propose controls to reduce the level of risk. The process can be described as a continuous improvement cycle that can be implemented in the management processes. Risk assessment is a five-step process. In order to carry out risk with the active involvement of the entire workforce, is to follow these five steps provided below:

- Step 1: Identifying hazards and those at risk
- Step 2: Evaluating risks
- Step 3: Deciding on the safety and health risk control measures
- Step 4: Implementing Corrective Actions and Record responsibility
- Step 5: Monitoring and reviewing

### 7.3.1 Step 1: Identification of Hazard

Hazard Identification is the foundation of a safe workplace. At its most basic level, hazard identification is simply looking at a job, task, or situation and asking, “Is there anything here that could hurt someone or damage something?”

There are many standard hazard identification tools that can help to document the hazard identification, such as Inspection Checklists, Personal Protective Equipment (PPE) Assessment, Pre-task planning (PTP) and Job Hazard Analysis (JHA).

#### **Job Hazard Analysis**

Job hazard analysis considers as one of the best ways to determine proper work procedures. It is a procedure that integrate accepted safety and health principles and practices into specific task or job operation. In a JHA, each basic step of the job is to identify the potential hazards and to recommend the safest way to do the job. JHA is simply:

1. Breaking down the steps of performing a job.
2. Identifying hazards at each step
3. Creating controls to keep workers safe while performing that task.

The key difference between JHA and risk assessment is the scope. JHA is of a narrow scope and involves only job-specific risks. Whereas risk assessment involves operational risk such as environmental hazards, waste management, equipment maintenance, etc.

## Instructions for Conducting a Job Hazard Analysis

### 1. Break job into steps

A job step is defined as a segment of the operation necessary to advance the work. These steps are not only specific to the job but also specific to the work area. If the work area changes, the steps may need to change as well.

### 2. Job-related hazard

Hazard is a source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these. Hazards related to a job task can be classified as:

Table 1. Occupational Health Hazards as per ILO guidelines.

CATEGORY	EXAMPLE
Accident hazards	Falls, slips and trips on wet and slippery floors, Entanglement of clothes, hair, fingers, arms in rotating and other moving equipment, in particular centrifuges, mixers, blenders, fires and explosions, electrical shocks, etc.
Physical hazards	Radiation, Ionizing radiation (Alpha particles, beta particles, gamma rays, x-rays, neutrons), Non-ionizing radiation (Infrared radiation, visible light, ultraviolet light, laser radiation, microwave and radiofrequency radiation; very- and extremely-low frequency electromagnetic fields). High amplitude whole-body vibration and noise in subsonic
Chemical hazards	Exposure to an extremely wide variety of chemical substances
Biological hazard	Exposure to an extremely wide variety of biological agents
Ergonomic	Musculoskeletal effects from routine work in a fixed position, repetitive movements, improper set up of workstation. Eye strain from work with optical and electron microscopes, etc.
Psychosocial and organizational factors	Stress and violence

For each hazard identified, it is needed to be clear about who might be harmed and how; this will help ascertain the best way of managing the risk. In each case, identify how they might be harmed, i.e., what type of injury or ill health might occur.

### 3. Hazard Control

Each hazard identified in the previous step needs control. The control explains how you will eliminate the hazard or how you will significantly reduce the risk of injury. A hazard control consists of all steps necessary to protect workers from exposure to a substance or system, the training, and the procedures required to monitor worker exposure and their health to hazards.

For selecting an appropriate control often involves prioritizing the hazards and risks. Hazard can be classified as follows:

- Class 'A' Hazard: A major condition or practice that is likely to cause serious, permanent disability, loss of a body part, death or an extensive loss of building assets, equipment or materials within the workplace
- Class 'B' Hazard: A serious condition or practice that is likely to cause a serious injury resulting in temporary disability of a worker, or major damage to the building, equipment or materials however is non-disruptive and not quite considered a Class 'A' Hazard
- Class 'C' Hazard: A minor condition or practice likely to cause a non-disruptive, non-disabling injury or illness, or non-disruptive property damage.

### 7.3.2 Step 2: Evaluating Risks

Risk expresses the likelihood that harm from a potential hazard will be realized and taking into account the likely severity of harm. Risk evaluation allows you to determine the significance of risks and then to decide whether to accept a specific risk or take action to prevent or minimize it. To evaluate risks, it is worthwhile ranking them once identified. This can be done by considering the consequence and likelihood of each risk. The likelihood of a hazard and its severity of consequences are compared to determine the overall risk (See Appendix 2).

### 7.3.3. Step 3: Deciding on the Safety and Health Risk Control Measures

For each hazard identified, the core activity in risk assessment is to identify, decide on, and implement the safety and health risk controls following the order in which they are listed in what is termed the "hierarchy of risk control measures." Example of the hierarchy of risk control measures as per ILO:

- Risk Control Measure 1: Elimination or substitution of hazards
- Risk Control Measure 2: Tools, equipment, technology, and engineering
- Risk Control Measure 3: Safe work methods, practices, education, and training
- Risk Control Measure 4: Personal protective equipment (PPE)
- Risk Control Measure 5: Health/medical surveillance

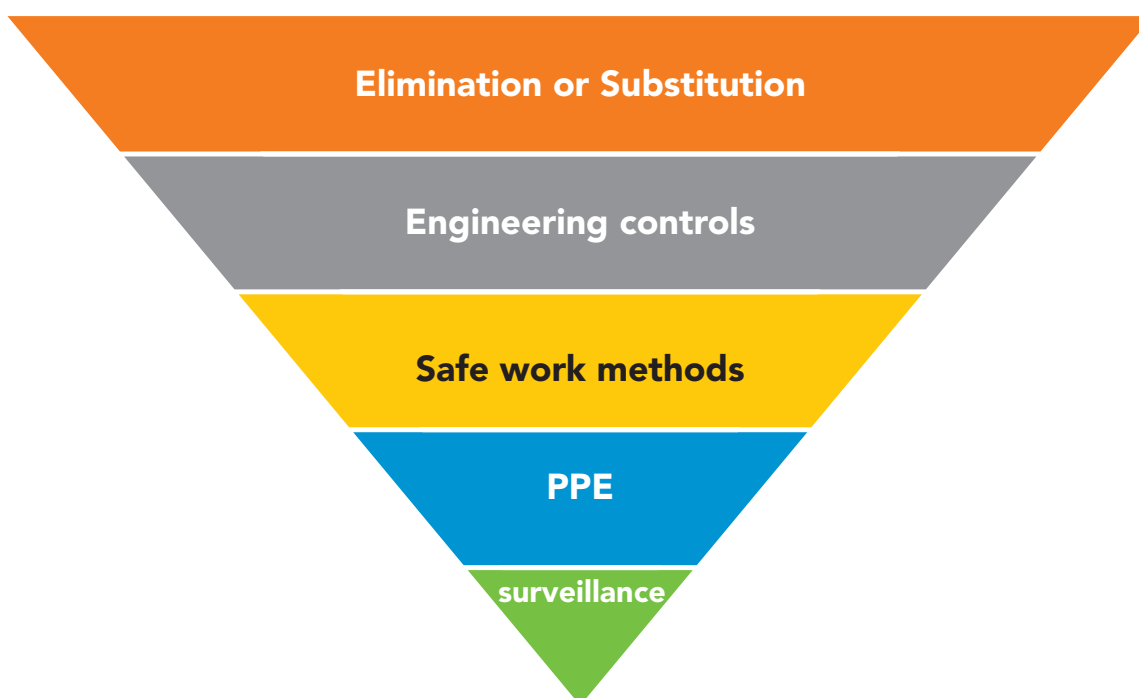


Figure 1. Hierarchy of risk control measures

### **Risk Control measure 1: Elimination or substitution of hazards**

Start by considering Risk Control Measure 1, which is the best means of protection because eliminating or substituting the hazard means you have effectively reduced the risk of exposure of anyone to the hazard, and thus of being seriously harmful, to zero or as near to zero as possible.

### **Risk Control measure 2: Tools, equipment, technology, and engineering**

Where elimination or substitution is not possible, the next best solution is to consider which tools, equipment, technology, and engineering measures can help reduce the risk from the hazard identified. Risk Control 2 measures are good because they provide collective protection of the work area rather than just protection for the individual.

### **Risk Control measure 3: Education, Training, and Communication of Results**

Occupational health services should play an active role in providing relevant information and organizing education and training in relation to work. Education and training consider as risk control measures. Information on identified workplace health hazards and risks must be communicated to the managers responsible for implementing prevention and control measures.

To ensure proper understanding and use of information, the employer is responsible for the education of workers on risks and hazards at work and on their avoidance, prevention, and protection, as well as on safe working practices.

### **Risk Control measure 4: Personal protective equipment**

Apart from standard items like boots and overalls, personal protective equipment (PPE) is one of the last safety and health risk control measures for workers to consider and exists only to augment the other risk controls measures you have already put in place.

### **Risk Control measure 5: Surveillance of Workers' Health**

Risk assessment findings should be used to identify any future need for health surveillance. The exposures to hazards identified during risk assessment should guide the scope and measures of health surveillance and OH assessment. If the results of the risk assessment suggest that despite all protective measures, a significant risk for the health of an employee remains, OH assessment carried out. For this purpose, OH assessment is implemented to assess (before a person starts work and at certain intervals afterward) whether and to what extent health and safety hazards for the employee are associated with the work.

## **7.3.4 Step 4: Implementing Corrective Actions and Record Responsibility**

If it is decided on additional control measures, action has to be taken to ensure they are implemented. It is good practice to allocate the responsibility of this to named individuals, as well as assigning a time frame for implementation. The date of implementation should also be recorded.

## **7.3.5 Step 5: Monitoring and Reviewing**

After the implementation of the control measures, it is important to monitor its effectiveness by inspections, testing, or consultation with employees. Additionally, as a recommendation by ILO, a review every year or so formally when the employer is informed that the risk assessment is no longer valid or when there has been a significant change in matters to which it relates.

## 8. Occupational Health Screening

For occupations listed in Appendix 4, or any risky occupations and activities as determined by the risk assessment (refer to section 5.3), occupational health screening and medical examinations shall be conducted to determine:

- I. If employees are medically and physically able to perform the assigned duties without substantial risk of harm to themselves, others, or the job to be performed (fitness for duty examinations); and
- II. To identify pre-existing medical conditions which may be aggravated by workplace hazards or exposures

### 8.1 Fitness for Work Assessment

#### 8.1.1 Pre- Employment Medical

This is a medical examination conducted prior to commencing work with a new employer. In the instance prior to employment, the employer has no experience of the person's physical ability to carry out the work and seeks the pre-employment medical examination, to be given adequate information on those matters.

Conducting pre-employment examinations is to determine whether the applicant is able, with or without any adjustment, to perform the inherent requirements of the job; or checking whether the applicant has any infectious disease so that the employer may act reasonably in order to protect public health.

#### 8.1.2 Periodic Medical

Based on risk assessment findings, some occupations or occupational groups shall undergo fitness to work medical at regular intervals with appropriate tests and follow up (Article 105 of the Labour Law; Article 2 of the Ministerial Decree No. 19 of 2005).

It is necessary that any health professional undertaking these types of examinations is aware of the characteristics of the hazard, as well as the characteristics of the workplace, including monitoring and normal work procedures, as well as breakdown and maintenance conditions.

Any pre-employment or periodic examination is an opportunity to inform the worker of any abnormal findings, which may require follow up and referral to a personal medical practitioner. This should be by letter setting out the specific abnormalities. Information about unhealthy lifestyles provides an opportunity for counseling on the ill effects of the lifestyle, and what is of benefit for good health.

#### 8.1.3 Episodic-follow up screening (Long absence, Retirements, and After changing jobs)

Episodic/ follow up screening is a short and focused examinations on a previous identified issue. The need for medical assessment after changing jobs involves significant change of their duties for a clear health conditions of the employee when appointed into a new position. Long absence is defined by long-term sick – four weeks or longer – with health problem or significant or prolonged illness or injury. This medical examination will help remove any barriers to ease the return of the employee safely to work. Furthermore, this examination is conducted after retirement and benefits has been perceived to the employee to enable them to be aware of their health problems or discuss ant ongoing medical surveillance. In case of early retirement due to illness or injury must require medical examination to determine whether the employee should cease work permanently or maintain the employee at the workforce after a rehabilitation program enrollment.

### 8.1.4 End of service (legal protection for the employer)

This medical examination is conducted after the termination of an assignment involving a hazard that could lead to future health problems or impairment. This examination is intended to make a final assessment and evaluation of the employees' health. This is done by comparing the results with previous medical examinations and assess the effect of the job assignment on the worker's health.

## 9. Principles

A well-designed OH assessment process will reduce risk and liability and will determine whether employees are capable of conducting their assigned tasks. At the same time, however, a well-designed process will avoid waste, discrimination, and unnecessary and inappropriate exclusion of individuals from work that they could carry out safely and productively.

The principles of OH assessment may be summarized as follows:

- OH assessment program should be based on an assessment of the risk.
- The program should aim to match the requirements of a position with the reasonable (and foreseeable) health and capacity requirements for an employee in that position.
- Any tests of functional capacity or medical examinations should relate to an assessment of fitness for the assignment of tasks.
- Tests and examinations should produce repeatable and consistent results.
- Tests or examinations should apply equally to all who are required to do the work.
- Tests and examinations must be legal in the country in which they are applied.
- All work capacity tests or medical examinations must be safe.

## 10. Generic Process

The process of the health assessment involves the referral of the individual by the employer to a health professional who carries out the assessment. The interpretation of the result of the assessment is then referred back to the employer. The employer determines the employment or placement of the person.

The extent and purpose of the assessment should be outlined by the employer. However, the assessor should ensure the nature and purpose of the assessment is understood both by the employer, in general terms, and by the employee, or potential employee, at the commencement of the assessment. Some assessors provide written information to the person prior to attendance for assessment and obtain signed consent from the person to undertake the assessment.

The individual's privacy must be respected. Provision should be made for the person's privacy while dressing and during the examination, as well as for the collection of specimens for testing, such as urine.

The information gained should be kept confidential, but the individual must be made aware of any abnormality that is detected and referred appropriately for consultation or treatment to their personal medical practitioner. With regard to the work proposed, the person should be advised when a recommendation for modification or alteration in work practices will be made to the employer.

Medical records generated for the purpose of health assessment for work must be kept confidential and clearly identified separately from the person's medical record obtained for any other purpose. The records are the property of the health professional who generated the record. Only results



relevant to the performance of the job are conveyed to the employer.

In the case of health surveillance for exposure to particular substances, there may be legislative requirements to inform the appropriate public authority of the results and to keep the records for a prescribed period of time.

## 10.1 Health Questionnaire

Each assessment shall begin with the completion of a health questionnaire- for data collection. The health questionnaire shall include:

### Administrative information

- Full Name
- Address
- Date of Birth
- Gender
- Current occupation
- Company name

### Health information

- Past medical and surgical history
- Family history
- Occupational history
- Current medical complaints
- Known allergies
- Current medications are taken
- Immunizations received
- Lifestyle (smoking, alcohol, exercise)

All questionnaires must conclude with a declaration statement where an applicant declares by signing that they have provided all medical conditions as best as possible to the best of their knowledge. This is both a cover for litigation and measures the company's reputation.

The employer may utilize functionally specific questionnaires for the different risk groups or hazards (e.g., respiratory questionnaire or food handler's questionnaire), but each of these must have a minimum of the above requirements. Additional assessment questions that are specific to work may supplement the «core» questions. Standardization of questionnaire provides better data for epidemiological research. A sample health questionnaire is in Appendix 2.

## 10.2 Nurse Based Assessment

OH nursing staff shall carry out and record the following data in medical examination form.

- Height
- Weight
- BMI
- Blood Pressure
- Pulse
- Visual Acuity

## 10.3 Physician Based Assessment

Physician assessment includes a detailed review of a health questionnaire, review of nursing assessment, an interview, systemic physical examination as appropriate. This health assessment is directed by the following:

- Findings of the health questionnaire and nursing assessment
- Occupation / job designation
- Hazard exposure
- Living and working environment
- Legal requirements
- Industry standards for the occupation

The physician shall complete the respective sections of the medical examination form legibly with signature, stamp, and date. The sample medical examination form is included in Appendix 3.

The physical examination results and its consequences should be discussed with the individual. To assist the physician's recommendation and decision, as an adjunct to the physical assessment, a physician might need to order additional investigations and or seek specialist opinion.

## 10.4 Work-Related Tests and Investigations

Generally, work-related tests and investigations are based on the following:

- Clinical findings during physical examination
- Occupational health hazards
- Safety-critical jobs
- Living and working environment
- Statutory requirements
- Industry standards

Table 2. Medical assessments examples

CATEGORY	EXAMPLE
Perceptual	Snellen's, Ishihara's, City University, Voice tests, Audiometry
Functional	Spirometry, Peak flow, Strength tests, Trade test
Aerobic capacity	Step test, Bicycle ergometer
Physical endurance	Stair climb, Hose drag, Equipment carry, Ladder raise
(Diagnostic (health on work	Exercise electrocardiography, Drug and alcohol tests, Psychological assessment
(Diagnostic (work on health	Hematology, Biochemistry, Urine and Stool analysis, Radiographs

## 10.5 Consultation and Research

- Details from other specialists-such as psychologist, audiologist
- Advice or a second opinion from a specialist occupational physician
- Advice or second opinion from independent specialist-such as cardiologist, neurologist
- Review of the job description, job hazards, journals, and research

## 10.6 Declaration of Fitness for Work

Some occupations have statutory standards, and appraisals must include measuring necessary factors. Others have standards set by authoritative recommendations or guidance. If no guidance exists, physicians must judge how extensive the assessment should be by taking account of the nature of any medical conditions identified, the type of work, and the reasons for management's request for medical advice. Workers medically fit: Article 23 of the Labour Law; Article 88 of the Labour Law (for young workers);

Assessing physician should always have a basic knowledge of the job demands and working environment before undertaking a medical-functional appraisal so that the extent and emphasis of the appraisal may be tailored accordingly. Any medical conditions that could pose a risk to the subject's or others' health and safety or that could affect attendance and performance should be identified and evaluated.

The evaluating physician shall use a comprehensive approach and take into consideration workers' health, functional capacity, experience, type of work, risks involved, etc. and relate how these collectively would affect fitness to work.

When making a decision on fitness, the medical conditions must be expressed in functional terms and in the context of job requirements, as some disabilities /impairments may be irrelevant to the job where there is no health and safety risk. Thus, a person can be fit for his job.

When fitness criteria are defined, and the assessment clearly satisfies or fails to satisfy the employer's requirements and responsibilities, a «medical recommendation» of fitness shall be made without delay.

When fitness criteria are uncertain when the employer's requirements and responsibilities cannot be predetermined or presumed, the «medical conclusions» of the assessment should be made clear to the employer. In addition, a medical view on the potential for enabling options or on the appropriateness of employment or continued employment may be given as «medical advice.»

In straightforward cases, a medical-functional appraisal and assessing physician existing knowledge of the job demands and working environment may be sufficient for a recommendation of fitness. However, a closer look at occupational factors is often needed to determine the precise requirements of the job, the subject's real abilities in a working environment, the nature of any hazards, and the probability of harm occurring (the actual risk in the workplace).

## 10.7 Occupational Factors to Be Considered

Ability in the workplace: consider the actual effect of a physical or medical condition on performance:

- Confirm job requirements - perception, mobility, strength endurance
- Ask the employee what the work entails
- Review job description or inspect the worksite

- Field tests of specific abilities or structured job simulation exercises
- Trial of employment with feedback from management

Nature of hazards: consider the interaction of occupational factors and medical condition

- Harm from demands - heart attack, back strain, prolapsed disc
- Harm from exposures - asthma, dermatitis, hearing loss
- Harm from situations - seizure-trauma, accidents
- Harm from infections - food handling, surgical procedures
- How much harm likely - temporary, permanent, minor, major, fatal
- Who may be affected - self, colleagues, clients, public

The extent of risk: focus on facts and avoid presumption

- Question employee on relevant details
- Obtain management report on material facts
- Examine documentation - exposure records, accident reports, etc.
- Observe work, workplace, and working practices
- Identify the frequencies and duration of hazardous exposures or situations
- Request technical data if required - from the hygienist, ergonomist, etc.
- Review relevant literature, journals, and research

## 11. Implementing OH Assessment Program

Implementing the OH assessment program requires the coordinated input of a number of different stakeholders. Successful implementation will require strong and visible leadership from senior management, Figure 2 outlines those steps which should be followed to ensure the successful implementation of the program.

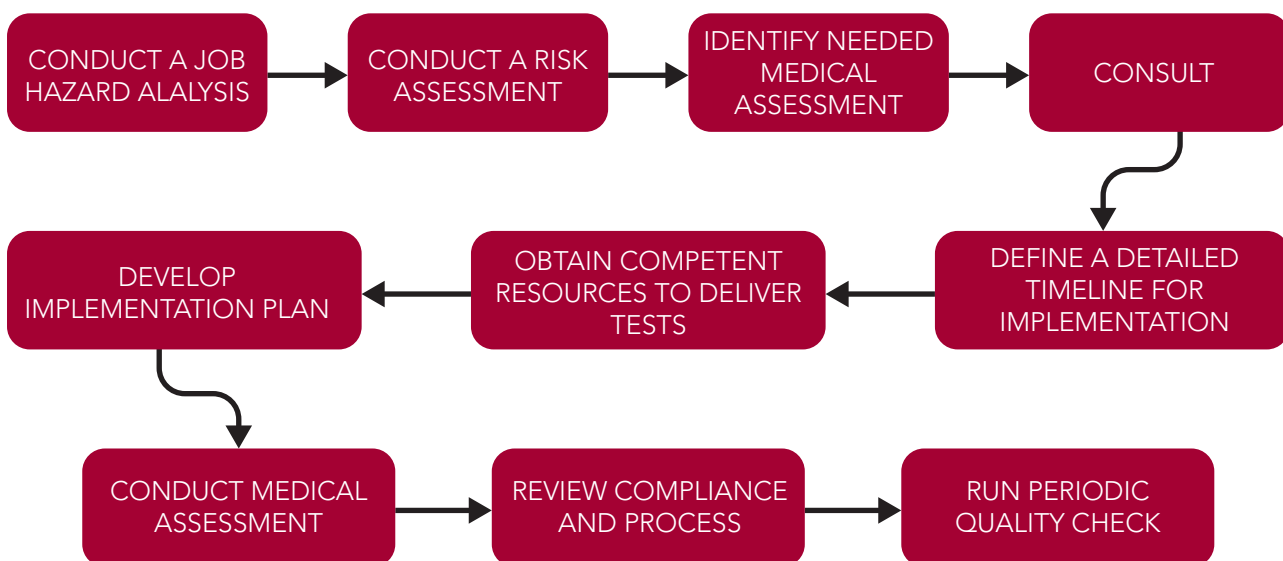


Figure 2. Implementing the OH assessment program steps

- Conduct a risk assessment: Decide which workgroups require OH assessment. This should involve HSE professionals who have a detailed understanding of risk assessment and the operational requirements of the task to be completed.
- Identify which medical assessments, functional capacity evaluations, and/or trade tests are to be used for each workgroup: Ensure all tests are valid for their intended use. Specialist help will be required from occupational physicians, ergonomists, safety professionals, etc.
- Conduct a legal review to confirm that the intended approach is permissible within the context of the local legislative framework.
- Consult with human resources as necessary. It will be necessary to address specifically the consequences of being unfit for duty and refusal to attend an assessment.
- Agree to a detailed timeline for implementation.
- Obtain competent resources to deliver tests, paying particular attention to the competence of those engaged for this purpose. Specific challenges arise when a network of different health providers is engaged in providing a service at different locations. All will require specific guidance on what is required with respect to medical examinations and tests, investigations, and non-medical evaluations.
- Develop an implementation plan with line management and HR teams, specifically addressing notification procedures.
- Conduct medical assessments on the population identified by the risk assessment. Notify line management and HR teams of the outcome maintaining medical confidentiality. Set a recall date for periodic review.
- Review the compliance and implementation process. It is particularly important to monitor compliance. If a risk assessment identifies a particular test or examination as necessary, but it is not carried out, the net result may be an increased liability.
- Run periodic quality checks on tests conducted to ensure ongoing validity.

For most contractors, the required OH assessments are often conducted by another organization. In this case, the parent company should specify the requirements for fitness for duty, which the contractor must. Contract HSE clauses can be an effective means of capturing and enforcing this requirement. This is particularly important for joint venture partners and for their contractors. Agreement early on in the contracting and procurement process can specify who is responsible for what in respect of the contracted workforce.

## 12. Assessor Selection

### 12.1 Health, Safety, and Environment

All necessary health, safety, and environmental procedures shall be employed to protect medical personnel and the surrounding environment while conducting OH and risk assessments. All equipment's calibration and necessary maintenance of medical equipment shall be adhered to ensure the accuracy of results and the safety of the operators and clients.

An OHA and risk assessment is necessary when any form of hazard is identified and impacts a worker's health. The nature of the hazard and the clinical expertise required should determine the necessary clinician undertaking the assessment. As a result, businesses and organizations should have a clear understanding of the tasks that need addressing and their expectations of the clinicians.

## 12.2 Occupational Physician

Suitably qualified and experienced occupational physicians can bring a wealth of practical knowledge of the broader context in which such medical assessments take place, as well as the experience to assess fitness for work. They will be familiar with a risk assessment for health risks in the workplace and with the introduction of necessary controls. They will be especially experienced in such things as health and medical surveillance of workers and maintaining health and surveillance records.

Some organizations acquire the service of an occupational physician on a sessional basis, utilizing the physician for many purposes, such as rehabilitation, injury prevention, advice on product safety. The occupational physician will be able to consider the accident experience of the organization, the hazards involved and the risks, the sensitivity of various examination procedures or tests to detect problems, and then the appropriate referral resources for the more complex medical cases.

It may also be worthwhile for an organization to consider a one-off expenditure by utilizing the services of an occupational physician to establish OH assessment protocol. General Practitioners with a specialist interest in occupational medicine are also trained in the principles of occupational medicine and risk assessment and are thus able to offer occupational health services to local businesses and organizations.

## 12.3 General Practitioner

An examination of the physical capabilities required in a workplace utilizes the hazards of the workplace as the starting point for examination, and thus clinicians familiar with the workplace can competently carry out such a focused examination.

General practitioners may also not be aware of the significance of incapacity or medical condition in a workplace setting, even if they have visited the workplace, or have communicated with the management. Many incapacities become problematic at times of breakdown or maintenance situations, which is not usually obvious at the time of a visit. Occupational physicians, and occupational health nurses, through years of experience and knowledge, are aware of, or will consider, all probable circumstances of a workplace.

General practitioners, who are sent their own patients to examine for suitability to work, are in an unpleasant position. Already a doctor/patient relationship exists. There are constraints of confidentiality and trust, which are unlikely to be contravened at a time of OH assessment. The general practitioner in that situation is usually under pressure to accommodate the patient, rather than the employer, and hopes that non-disclosure of incapacity, or other medical condition, will not eventuate in injury or illness for the patient or any other person in the workplace.

An employer who wishes to utilize the services of a general practitioner should ensure the physician is willing to visit the work site; there can never be sufficient understanding of physical and other requirements, such as work organization, without such direct contact.

## 12.4 Occupational Health Nurse

A general nurse with postgraduate qualifications in occupational health is accepted as an occupational health nurse, is considered to be a capable professional at a cost that is accessible to many employers. However, it is strongly recommended that access to the advice and consultation service of a medical practitioner is necessary for any OH nurse. Therefore, the utilization of a physician should be part of OH assessment or other examination procedures, when necessary.

There are certain types of examinations that nurses have not been trained to carry out, and therefore they cannot be recognized as having the skill to do so, no matter what experience they may have

attained over time. Examination of the respiratory system (such as lungs and upper airways), of the abdomen, much of the cardiovascular system, the neurological system and others, have not been part of the training of either general or occupational health nurses.

If OH assessment requires any such testing, a physician must carry it out. Specific health surveillance activities, in accordance with the hazardous substance legislation, where it exists, should be carried out under the supervision of a physician adequately trained in the requirements of health surveillance. However, some aspects of the OH assessment can be performed by the occupational health nurse.

The primary role of the occupational health nurse is to coordinate the delivery of comprehensive, equitable, quality occupational health services for workers with providing ethical, and confidential nursing care within legal and professional parameters. Further, occupational health nurse is responsible for conducting health examinations, assessing the work environment, providing primary, secondary, and tertiary prevention strategies, providing health education programs, providing health promotion programs, providing counseling interventions and programs, managing the information system; conducting health surveillance programs, and monitoring injury/illness trends.

## 13. Occupational Health Surveillance Program

Occupational health surveillance is appropriate where potential exposure to a workplace hazard has a known health effect, and there is a validated, reproducible and measurable impact. Surveillance will be conducted when exposure is identified or can be reasonably expected or is required under legislation. These include a wide spectrum of chemical, physical and biological hazards which can be divided into general industry-related hazards such as noise, radiation, benzene and also location-specific exposures such as process-related chemicals. Health surveillance will not be conducted when there is no exposure or reason to expect an exposure unless specifically required by legislation.

### 13.1 General Objectives

Any health surveillance program must be underpinned by a set of clear objectives:

- Establish health parameters for all employees during pre-employment and periodic screening.
- Identify early health effects in an exposed population.
- Provide an ongoing program to monitor for any deterioration in any employees who may have established health effects due to damaging exposures.
- Increase awareness amongst employees of the risks of exposure and provide information on appropriate protection/ risk prevention.
- Provide feedback to the employer on the effectiveness of the health risk management program.
- Provide a system to ensure effective feedback and the management of control measures to ensure that the health of the workforce is not further affected by workplace exposures.

### 13.2 Types of Health Surveillance

Health surveillance may take one or more of the following forms:

- Review of records and occupational history during and after exposure.
- Simple questionnaire – e.g., asking about symptoms of vibration white finger in users of vibrating tools.
- Simple examination – e.g., visual examination of the hands for dermatitis.

- Physiological tests – e.g., hearing tests to identify noise-induced hearing loss, lung function tests to look for damage to lungs from dust or chemicals.
- Biological monitoring – e.g., measuring mercury in urine to assess exposure; benzene metabolites in the urine.
- Biological effect monitoring – e.g., analysis of red blood cells for the effects of lead exposure.
- Clinical examination – clinician performing a physical examination.

### 13.3 Frequency of Health Surveillance

Health surveillance shall be performed at appropriate intervals as defined by the exposure, or as indicated in the relevant procedure, or as defined by legislation.

- Evidence of harm may require the frequency to be increased.
- Change in work materials or processes may require a change in frequency.
- Evidence that harm is not occurring may allow a reduction in frequency or removal from the surveillance program if risk control effective.
- Change of materials or processes may remove the risk factors thereby allowing the worker to be removed from health surveillance.

### 13.4 Special Groups

Special consideration needs to be given to those groups of employees whose risks may be significantly higher than others, such as pregnant workers, and employees with chronic illness.

### 13.5 Management Review

Occupational health specialists shall carry out regular reviews of all health surveillance program with communication to management to ensure that:

- Health surveillance is being carried out in accordance with legislative and company requirements.
- Results are analyzed to ensure control measures are working.
- Any new risks have been recognized and dealt with appropriately.
- Areas for improvement are identified and implemented.

### 13.6 Records

Health surveillance records shall be kept for an appropriate period, which may be determined by legislation, established practice, or following specialist advice. Where there is no existing requirement, it would be recommended that health surveillance records are held for as a minimum at least as long as the individual remains in employment, with consideration of longer as inquiries may arise sometime after exposure and hence subsequent to employment. It is suggested that all records be kept for 40 years ( Article 91 of the Labor Law (for young workers); Article 105 of the Labor Law (it does not specify for how long the records should be kept)).



## 13.7 Confidentiality

Medical information cannot be released to the employer unless the employee has given explicit consent. Confidentiality of the medical examinations: Article 8 of the ministerial Decree No. 19 of 2005.

## 13.8 Health Hazards

Health surveillance programs shall be established to detect early signs of work-related ill health among employees exposed to certain hazards with established high health risks. These are described in the previous sections.

## 14. Outcome of OH Assessment

OH assessment should result in a clear statement to the employing company on the status of the worker. Upon completion of the OH assessment examining physician shall provide a medical fitness certificate to the employee. The certificate shall contain employee basic personal information with recent photographs, validity period, fitness status, limitations if any, medical surveillance or health monitoring requirements and date of next medical assessment and shall bear the name, designation, signature, and stamp of examining physician. Sample Fitness to work certificate is included in Appendix 5. Typically, a worker may be regarded as:

### 14.1 Fit for Current Position

No disability interferes with the essential functions of the job.

### 14.2 Fit with Restriction

The employee may be fit for certain tasks but not for others. Temporary or partial restrictions can be the cause of confusion and difficulty. The advice provided in a statement of fitness to work should be clear and unambiguous; phrases such as 'fit for light work' should be specifically avoided, as they are meaningless in a practical and legal sense. The advice should state what tasks the individual can and cannot do, and for how long the restriction applies. Whether these restrictions can be accommodated by the employer is for the line management and/or HR team to resolve. Transitional duties are a particularly useful means of rehabilitating an employee back to work after a period of illness or injury.

### 14.3 Temporary Unfit for Current Position

Examining physicians may recommend that the position/ job might worsen a person's medical condition or applicant may be unsafe to self and others due to medical conditions for a specified period. Such a recommendation should be time bound and is at management discretion.

### 14.4 Permanently Unfit for Current Position

Examining physicians may recommend that the position/ job might worsen a person's medical condition or applicant may be unsafe to self and others due to medical condition permanently.

## 14.5 Consequences

An assessment of unfit for a position can have serious implications for the employee, from losing a position they hold, to not getting one they are otherwise qualified for. It is imperative, therefore, that the assessment process is fair, consistent, and based on objective assessments of health and work capacity.

To ensure the fair treatment of employees, many employers adopt some or all of the following measures as good practice, with the specific goal of reducing the personal impact of an assessment of unfit for work.

### 14.5.1 Accommodation

It is good practice to consider which of an individual's tasks might be assigned to others, thus permitting the individual to continue in the same position. The practicality of accommodating an individual in this way will, of course, depend on the task; for example, a fireman who cannot climb a ladder or use a hose is severely restricted, whereas an employee who occasionally has to work at height but cannot do so because of vertigo could be assigned to floor duty only. Accommodation can also take the form of physical modifications to the workplace or adjustments to the work schedule. In many countries, such accommodation processes are a legal requirement.

### 14.5.2 Transfer to Alternative Work

The incapacity of an individual to fulfill the needs of a particular position does not mean that the individual will automatically be considered unfit for other positions with different demands. Although it may not always be possible, the employer should actively consider the options to transfer the individual to a more appropriate position if one is available. In some countries, a transfer to alternative work is a legal requirement.

### 14.5.3 Termination

The decision to terminate, not offer or modify employment for any individual is a matter for the line management and/or the HR team. This should only be pursued after careful consideration of the alternatives (i.e., accommodation and transfer to alternative work). A panel review of the medical assessment (commonly known as a 'Medical Board Review') is good practice in the termination process. It ensures that the medical recommendations are accurate and that alternative diagnoses or outcomes have been sufficiently explored.

### 14.5.4 Appeals

Employers should establish an appeal process which permits the decisions made regarding fitness to work to be reviewed. It is entirely a matter for the employer to decide on the value of this process. It is good practice and is well-received by staff representative groups where appropriate.

In designing a program of OH assessment, the employer must also consider the consequences of an individual's failure or refusal to attend OH assessment. In most, if not all cases, such absence or refusal will render the individual unfit for that work, because their capacity to do it safely cannot be demonstrated.

## 15. OH Assessment Records

There are both legal and ethical issues around the security, transfer, and archiving of medical records. OH professionals need to be aware of the many ways in which confidentiality may be compromised. Personal health information is held to be especially sensitive data.

### 15.1 Security of OH Records

All contacts between an employee and an OH service should be recorded in the employee's OH record.

- The medical records should be securely stored in a lockable cabinet or room.
- Access to OH records should be restricted to OH staff.
- All OH staff should sign a confidentiality agreement.
- It is unethical to allow access to OH records to the non-OH staff, such as personnel managers.

### 15.2 Transfer of OH Records

- Companies may outsource OH services, change the OH provider, or go out of business. Independent occupational physicians may retire or change jobs. In all these cases, OH records will need to be transferred to an individual or organization that is in a position to maintain them for the appropriate period (this may be 40 years after the last entry in the records in some cases, e.g., ionizing radiation records).
- When it is proposed that OH records are to be transferred, employees should be informed and given the opportunity to request that their OH notes be archived rather than transferred.
- Where an organization closes, it may be appropriate to issue the OH records to the individual or (with their consent) their Physician.

### 15.3 Archiving

- Employees leave, are dismissed, or retire, and over time the number of inactive OH records held by an OH service will increase. Inactive files occupy valuable storage space. They can make it difficult for administration staff to locate current OH notes. As a result, all OH services need to have in place a standard operating procedure for archiving OH records.
- Archives may be held on or off-site. However, it is important that archiving medical records does not compromise medical confidentiality.
- Readily accessible records detailing the location of all archived notes should be maintained. The location of records should be tracked to avoid the loss or misfiling of records.
- OH notes may need to be abstracted at a later date from an archive for a number of reasons, e.g., legal action, audit, or re-employment.

## 16. References

- [1] Jorma Rantanen, I. A. (2002, July 1). Standards, Principles and Approaches in Occupational Health Services. Retrieved from International Labour Organisation (ILO): [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_110439.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_110439.pdf)
- [2] International Labour Organization (ILO). (2013, December 17). A 5 step guide for employers, workers and their representatives on conducting workplace risk assessments. Retrieved from International Labour Organization (ILO): [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/--protrav/---safework/documents/publication/wcms\\_232886.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/--protrav/---safework/documents/publication/wcms_232886.pdf)
- [3] German Social Accident Insurance (dguv). (n.d.). Introduction: Guidelines for occupational medical examinations. Retrieved from German Social Accident Insurance (dguv): [https://www.dguv.de/medien/inhalt/praevention/themen\\_a\\_z/arb\\_vorsorge/dguv\\_grundsatz/introduction.pdf](https://www.dguv.de/medien/inhalt/praevention/themen_a_z/arb_vorsorge/dguv_grundsatz/introduction.pdf)
- [4] Lele, D. V. (2018). Occupational Health Surveillance. The Indian Journal of Occupational and Environmental Medicine, 117-120.
- [5] Mines Occupational Safety and Health Advisory Board (MOSHAB) . (1999, NOVEMBER). Guidelines. Retrieved from Government of Western Australia- Department Of Mines Industry Regulation and Safety: [http://www.dmp.wa.gov.au/Documents/Safety/MSH\\_G\\_SafetyAndHealthRiskManagement.pdf](http://www.dmp.wa.gov.au/Documents/Safety/MSH_G_SafetyAndHealthRiskManagement.pdf)
- [6] Occupational Safety and Health Administration (OSHA). (2002). Job Hazard Analysis. Retrieved from Occupational Safety and Health Administration (OSHA): <https://www.osha.gov/Publications/osha3071.pdf>
- [7] International Labour Organization (ILO). (2013). Training package on workplace risk assessment and management for small and medium-sized enterprises. Retrieved from International Labour Organization (ILO): [https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/training/WCMS\\_215344/lang--en/index.htm](https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/training/WCMS_215344/lang--en/index.htm)
- [8] US Department of Labor. OSHA 3162-12R 2009. Screening and Surveillance Guide. Available at: URL: <http://www.osha.gov/Publications/osha3162.pdf>
- [9] Benjamin O. Alli (2008). Fundamental principles of occupational health and safety, International Labour Office – Geneva: ILO.
- [10] Rantanen J. And Fedotov, Igor A. (2002). Standards, Principles and Approaches in Occupational Health Services. International Labour Organization (ILO). Available at: URL: [https://www.ilo.org/safework/info/publications/WCMS\\_110439/lang--en/index.htm](https://www.ilo.org/safework/info/publications/WCMS_110439/lang--en/index.htm)
- [11] National Patient Safety Agency. (2008). A risk matrix for risk managers [Ebook]. Retrieved from [https://www.neas.nhs.uk/media/118673/foi.16.170\\_-\\_risk\\_matrix\\_for\\_risk\\_managers\\_v91.pdf](https://www.neas.nhs.uk/media/118673/foi.16.170_-_risk_matrix_for_risk_managers_v91.pdf)
- [12] COHNA-ACIIST. (2003). Occupational Health Nursing Practice Standards [Ebook]. Retrieved from <http://cohna-aciist.ca/wp-content/uploads/2017/03/Occupational-Health-Nursing-Practice-Standards-2003.pdf>

## 17. Appendices

### 17.1 Appendix 1 – Hazardous Materials or Exposures Requiring Medical Surveillance

#### Acrylonitrile

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes – annual <sup>1</sup>
Emergency/exposure examination and tests	Yes
Termination exam	Yes – if no exam within 6 months of termination
Examination includes special emphasis on these body systems	Respiratory, gastrointestinal <sup>1</sup> , thyroid, skin, neuro logical (peripheral and central)
Work and medical history	Required for all exams <sup>2</sup>
Chest x-ray	Yes
Pulmonary function test (PFT)	No
Other required tests	Fecal occult blood <sup>1</sup>
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	No

#### Arsenic (Inorganic)

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes <sup>1</sup>
Emergency/exposure examination and tests	Yes
Termination exam	Yes – if no exam within 6 months of termination
Examination includes special emphasis on these body systems	Skin, nasal, peripheral nervous system
Work and medical history	Required for all exams <sup>2</sup> with focus on respiratory symptoms; includes smoking history
Chest x-ray	Yes
Pulmonary function test (PFT)	No
Other required tests	Urinary Total Arsenic
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	No

## Asbestos (incl. Synthetic Mineral Fibers and Man-Made Mineral Fibers)

	Standard Requirements
Pre-placement exam	Yes <sup>1,3</sup>
Periodic exam	Yes – annual <sup>1</sup> or more frequently if determined by physician
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	Pulmonary and gastrointestinal
Work and medical history	Required for all exams <sup>2</sup> ; special emphasis on pulmonary, cardiovascular, gastrointestinal; standardized form required;
Chest x-ray	Yes <sup>1</sup> only for diagnosis certified radiologist or physician with expertise in pneumoconioses required;
Pulmonary function test (PFT)	FVC, FEV
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician; includes informing employee of increased risk of lung cancer from combined effects of smoking and asbestos exposure
Medical removal plan	No

## Benzene

	Standard Requirements
Pre-placement exam	Yes <sup>1,3,4</sup>
Periodic exam	Yes – annual <sup>1,4</sup>
Emergency/exposure examination and tests	Yes <sup>4</sup> , <sup>1</sup> – includes urinary phenol test
Termination exam	No
Examination includes special emphasis on these body systems	Hemopoietic; add cardiopulmonary if respiratory protection used at least 30 days/year, (initially, then every 3 years)
Work and medical history	Required for initial and periodic exams (pre-placement exam requires special history) <sup>2</sup>
Chest x-ray	No
Pulmonary function test (PFT)	Initially and every 3 years if respiratory protection used 30 days/year; specific tester requirements
Other required tests	CBC, differential, other specific blood tests; repeated as required;
Evaluation of ability to wear a respirator	Yes – if respirators are used
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	Yes

## Blood-Borne Pathogens (Hepatitis, B)

	Standard Requirements
Pre-placement exam	No – must offer Hepatitis B (HBV) vaccine unless already immune or vaccine contraindicated
Periodic exam	No
Emergency/exposure examination and tests	Specific post-exposure monitoring for employee and source; HBV vaccine;
Termination exam	No
Examination includes special emphasis on these body systems	No
Work and medical history	No
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Yes – post-exposure incident
Evaluation of ability to wear a respirator	No
Additional tests if deemed necessary	Yes – for post-exposure incident; follow post-exposure protocols
Written medical opinion	Yes – licensed healthcare professional to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes– by licensed healthcare professional; counseling re: HBV vaccine and post-exposure follow-up;
Medical removal plan	No

## 1,3-Butadiene

	Standard Requirements
Pre-placement exam	Yes <sup>4</sup> , <sup>3</sup> , <sup>1</sup>
Periodic exam	Yes <sup>4</sup> , <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>4</sup> , <sup>1</sup> – within 48 hours of exposure
Termination exam	Yes <sup>4</sup> – if 12 months have elapsed since last exam
Examination includes special emphasis on these body systems	Liver, spleen, lymph nodes, and skin
Work and medical history	Required annually and for all examinations <sup>2</sup> ; standardized form or equivalent; includes comprehensive occupational and health history;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Annually, CBC with differential and platelet count; also within 48 hrs. after exposure in an emergency situation and repeated monthly for 3 more months
Evaluation of ability to wear a respirator	Yes – if respirators are used
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician or other licensed healthcare professional to employer and employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician or other licensed healthcare professional
Medical removal plan	No

## Cadmium

	Standard Requirements
Pre-placement exam	Yes <sup>4</sup> , <sup>3</sup> , <sup>1</sup>
Periodic exam	Yes <sup>4</sup> , <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>4</sup> , <sup>1</sup>
Termination exam	Yes <sup>3</sup>
Examination includes special emphasis on these body systems	Respiratory, cardiovascular (BP), urinary
Work and medical history	Required for pre-placement and periodic exams <sup>2</sup> ; standardized form required;
Chest x-ray	Yes
Pulmonary function test (PFT)	FVC, FEV
Other required tests	Annually <sup>1</sup> , cadmium in urine, beta <sub>2</sub> -microglobulin in urine, cadmium in blood, CBC, BUN, serum creatinine, urinalysis;
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician; includes explanation of results, treatment, and diet, and discussion of decisions re: medical removal; effect of smoking on cadmium exposure
Medical removal plan	Yes

## Creosote

	Standard Requirements
Pre-placement exam	Yes
Periodic exam	Yes – annual
Emergency/exposure examination and tests	Yes <sup>1</sup> – special medical surveillance begins within 24 hours
Termination exam	No
Examination includes special emphasis on these body systems	Exam includes emphasis on the neurological system and Skin noting any abnormal lesions and Evidence of skin sensitization
Work and medical history	Required for all examinations; includes family and occupational history, and environmental factors
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	No
Evaluation of ability to wear a respirator	Yes, , if respirators are used
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer
Employee counseling re: exam results, conditions of increased risk	No
Medical removal plan	Yes, if sensitization occurs



## Chromium (VI), Hexavalent

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>1</sup>
Termination exam	Yes <sup>3</sup> – unless last exam was less than 6 months prior to date of termination
Examination includes special emphasis on these body systems	Skin especially hands and forearms and respiratory tract
Work and medical history	Required for all exams <sup>2</sup> ; includes past, present and anticipated future exposure; any history of respiratory system dysfunction, asthma, dermatitis, skin ulceration or nasal septum perforation; smoking status and history
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	No

## Coke Oven Emissions

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes <sup>1</sup>
Emergency/exposure examination and tests	No
Termination exam	Yes – if no exam within 6 months of termination
Examination includes special emphasis on these body systems	Skin
Work and medical history	Required for all exams <sup>2</sup> ; includes smoking history and presence and degree of respiratory symptoms
Chest x-ray	Yes
Pulmonary function test (PFT)	FVC, FEV
Other required tests	Weight, urine cytology, urinalysis for sugar, albumin, hematuria
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician; also, employer must inform employee of possible health consequences if employee refuses any required medical exam
Medical removal plan	No

## Cotton Dust

	Standard Requirements
Pre-placement exam	Physical exam not specified; other tests required
Periodic exam	Physical exam not specified; other tests required <sup>4, 1</sup>
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	Pulmonary
Work and medical history	Medical history; standardized questionnaire required;
Chest x-ray	No
Pulmonary function test (PFT)	FVC, FEV1, FEV1/FVC Employees with specific abnormalities are referred to specialists <sup>5, 4, 1</sup>
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	No
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician re: results of exam and any medical conditions requiring further examination or treatment
Medical removal plan	Yes – for inability to wear a respirator (6 months)

## Crystalline Silica

	Standard Requirements
Pre-placement exam	Physical exam other tests required
Periodic exam	Physical exam annual; other tests required
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	Pulmonary
Work and medical history	Medical history; standardized questionnaire required;
Chest x-ray	No
Pulmonary function test (PFT)	FVC, FEV1, FEV1/FVC Employees with specific abnormalities are referred to specialists
Other required tests	Yes, x ray only for diagnosis certified radiologist or physician with expertise in pneumoconiosis required
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	No
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician re: results of exam and any medical conditions requiring further examination or treatment
Medical removal plan	Yes – for inability to wear a respirator (6 months)

## 1,2-dibromo-3-chloropropane

	Standard Requirements
Pre-placement exam	Yes
Periodic exam	Yes <sup>1</sup>
Emergency/exposure examination and tests	Yes – male reproductive; repeat in 3 months
Termination exam	No
Examination includes special emphasis on these body systems	Reproductive, genitourinary
Work and medical history	Required for all exams <sup>2</sup> ; Includes reproductive history;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	No

## Ethylene Oxide

	Standard Requirements
Pre-placement exam	Yes
Periodic exam	Yes– annual <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>1</sup>
Termination exam	Yes <sup>1</sup>
Examination includes special emphasis on these body systems	Pulmonary, skin, neurologic, hematologic, reproductive, eyes
Work and medical history	Required for all exams; includes reproductive history and special emphasis on some body systems;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	CBC, white cell counts with differential, hematocrit, hemoglobin, red cell count;
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	No

## Formaldehyde

	Standard Requirements
Pre-placement exam	Yes <sup>4</sup> , 1
Periodic exam	Yes <sup>4</sup> , 1
Emergency/exposure examination and tests	Yes <sup>4</sup>
Termination exam	No
Examination includes special emphasis on these body systems	Evidence of irritation or sensitization of skin, respiratory system, eyes; shortness of breath
Work and medical history	Required for all exams; includes reproductive history and special emphasis on some body systems;
Chest x-ray	No
Pulmonary function test (PFT)	FVC, FEV1, FEF should be evaluated if respiratory protection is used
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes– by physician; includes information on whether medical conditions were caused by past exposures or emergency exposures
Medical removal plan	Yes

## Hazardous Waste Operations and Emergency Response (HAZWOPER)

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes – annually or at physician's discretion <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>1</sup>
Termination exam	Yes – if no exam within 6 months of termination/reassignment
Examination includes special emphasis on these body systems	Determined by physician;
Work and medical history	Yes – with emphasis on symptoms related to handling hazardous materials and health hazards, fitness for duty and ability to wear PPE <sup>2</sup>
Chest x-ray	No – unless determined by physician
Pulmonary function test (PFT)	No – unless determined by physician
Other required tests	No – unless determined by physician
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes– by physician
Medical removal plan	No

## Isocyanates

	Standard Requirements
Pre-placement exam	Physical exam other tests required
Periodic exam	Physical exam annual; other tests required
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	Pulmonary, skin
Work and medical history	Medical history; standardized questionnaire required;
Chest x-ray	No
Pulmonary function test (PFT)	FVC, FEV1, FEV1/FVC
Other required tests	No
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	No
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician re: results of exam and any medical conditions requiring further examination or treatment
Medical removal plan	Yes – for inability to wear a respirator (6 months)

## Lead

	Standard Requirements
Pre-placement exam	Yes
Periodic exam	Yes <sup>4</sup> , 1
Emergency/exposure examination and tests	Yes <sup>4</sup> , 1
Termination exam	No
Examination includes special emphasis on these body systems	Teeth, gums, hematologic, gastrointestinal, renal, cardiovascular (BP), neurological; pulmonary status if respiratory protection used
Work and medical history	Required for all exams <sup>2</sup> ; includes reproductive history, past lead exposure, both work/non-work, and history of specific body systems; see standard
Chest x-ray	No
Pulmonary function test (PFT)	No – unless deemed necessary by physician
Other required tests	Hemoglobin, hematocrit, ZPP, BUN, serum creatinine, Urinalysis with micro, blood- lead levels, peripheral smear morphology, red cell indices <sup>5</sup> , 1;
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician; includes advising the employee of any medical condition, occupational or non-occupational, requiring further medical examination or treatment
Medical removal plan	Yes

## Mercury

	Standard Requirements
Pre-placement exam	Yes
Periodic exam	Yes <sup>4</sup> , <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>4</sup> , <sup>1</sup>
Termination exam	No
Examination includes special emphasis on these body systems	Eyes, skin, respiratory gastrointestinal, renal, cardiovascular (BP), neurological (CNS and PNS); pulmonary status if respiratory protection used
Work and medical history	Required for all exams <sup>2</sup> ; includes reproductive history, past mercury exposure, both work/non-work, and history of specific body systems;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Urinary and blood inorganic Mercury others determined by physician
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician to employer, employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician; includes advising the employee of any medical condition, occupational or non-occupational, requiring further medical, examination or treatment
Medical removal plan	Yes

## Methylene Chloride

	Standard Requirements
Pre-placement exam	4, Yes <sup>1</sup>
Periodic exam	4, Yes <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>4</sup>
Termination exam	months of termination <sup>6</sup> Yes – if no exam within
Examination includes special emphasis on these body systems	Lungs, cardiovascular (including BP and pulse), liver, nervous, skin; extent of exam determined by examiner based on employee's health status, work, and medical history
Work and medical history	Required for all exams; example of work and medical history form provided
Chest x-ray	No
(Pulmonary function test (PFT	No – unless deemed necessary by physician or other licensed healthcare professional
Other required tests	Laboratory surveillance may include tests as determined by examiner including "before and after shift tests"; Carboxyhemoglobin
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – by physician or other licensed healthcare professional to employer and Employee of increased risk of harm from combined effects of smoking and Methylene Chloride
Employee counseling re: exam results, conditions of increased risk	Yes – by physician or other licensed healthcare professional
Medical removal plan	Yes

## M ethylene di-aniline (MDA)

	Standard Requirements
Pre-placement exam	Yes <sup>3,4</sup> , <sup>1</sup>
Periodic exam	Yes – annual <sup>4</sup> , <sup>1</sup>
Emergency/exposure examination and tests	Yes <sup>1,4</sup>
Termination exam	No
Examination includes special emphasis on these body systems	Skin, hepatic
Work and medical history	Required for all examinations <sup>2</sup> ; includes past work with MDA and other specific items;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Liver function tests, urinalysis
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician
Medical removal plan	Yes

## Noise

	Standard Requirements
Pre-placement exam	Baseline audiograms are required within 6 months of exposure at or above 85dB.
Periodic exam	Annual audiometric testing required
Emergency/exposure examination and tests	No
Termination exam	No requirements
Examination includes special emphasis on these body systems	Auditory
Work and medical history	Yes
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Initial and annual audiometric testing, <sup>4</sup> , <sup>1</sup> <sup>5</sup> ;
Evaluation of ability to wear a respirator	No
Additional tests if deemed necessary	Yes, bone conduction audiometry
Written medical opinion	No
Employee counseling re: exam results, conditions of increased risk	Yes – if standard threshold shift or suspected ear pathology
Medical removal plan	No

## Organophosphate Pesticides

	Standard Requirements
Pre-placement exam	Physical exam other tests required baseline Red blood cell and plasma Cholinesterase activity levels <sup>5</sup>
Periodic exam	Physical exam annual;
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	No
Work and medical history	Medical history: standardized questionnaire required;
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Yes – if deemed necessary – estimated red cell and plasma cholinesterase activity at end of workday after exposure
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	No
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician re: results of exam and any medical conditions requiring further examination or treatment
Medical removal plan	Yes – for inability to wear a respirator (6 months)

## Respiratory Protection

	Standard Requirements
Pre-placement exam	Evaluation questionnaire or exam; follow-up exam when required <sup>5</sup>
Periodic exam	Yes – in specific situations <sup>5</sup>
Emergency/exposure examination and tests	No
Termination exam	No
Examination includes special emphasis on these body systems	Yes <sup>5</sup>
Work and medical history	Yes <sup>2</sup>
Chest x-ray	As determined by physician or other licensed healthcare professional
Pulmonary function test (PFT)	As determined by physician or other licensed healthcare professional
Other required tests	As determined by physician or other licensed healthcare professional
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician or other licensed healthcare professional to employer and employee
Employee counseling re: exam results, conditions of increased risk	Yes – by physician or other licensed healthcare professional
Medical removal plan	No



## Vinyl Chloride

	Standard Requirements
Pre-placement exam	Yes <sup>1</sup>
Periodic exam	Yes <sup>1</sup>
Emergency/exposure examination and tests	Yes
Termination exam	No
Examination includes special emphasis on these body systems	Special attention to detecting enlargement of the liver, spleen or kidneys, or dys-function of these organs and abnormalities in skin, connective tissue and pulmonary system;
Work and medical history	Required for initial and periodic exams <sup>2</sup> ; includes alcohol intake, history of hepatitis, exposure to hepatotoxic agents, blood transfusions, hospitalizations, and work history
Chest x-ray	No
Pulmonary function test (PFT)	No
Other required tests	Blood test for total bilirubin, alkaline phosphatase, SGOT, SGPT and gamma glutamyl transpeptidase
Evaluation of ability to wear a respirator	Yes
Additional tests if deemed necessary	Yes
Written medical opinion	Yes – physician to employer; employer to employee
Employee counseling re: exam results, conditions of increased risk	No
Medical removal plan	Yes

## 17.2 Appendix 2 – Risk Assessment Matrix: Guidance on likelihood scoring

The assessment of ‘consequence’, the likelihood of a risk occurring is assigned a number from ‘1’ to ‘5’. The higher the number the more likely it is the consequence will occur. When assessing likelihood, it is important to take into consideration the controls already in place. The likelihood score is a reflection of how likely it is that the adverse consequence described will occur. Likelihood can be scored by considering:

Frequency (how many times will the adverse consequence being assessed actually be realized?) or Probability (what is the chance the adverse consequence will occur in a given reference period?).

	Likelihood					
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	
Consequences	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follow:



Figure 3. Risk Assessment Matrix

**Table 3. Likelihood/ frequency description**

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency (how often it might happen)	This will probably never happen/recur	Not expected to happen/recur, but it is possible	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently

**Table 4. Likelihood/ frequency description**

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency (how often it might happen)	This will probably never happen/recur	Not expected to happen/recur, but it is possible	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/circumstances	Will undoubtedly happen/recur, possibly frequently

The severity of consequences could be measured on a 5-point scale:

- Negligee injuries: Minor cuts and bruises.
- Minor injury: Major cuts, bruises, sprains, illness, or injury resulting in less than 3 days lost workdays.
- Major injury: Head injuries, internal bleeding, eye injuries, spinal injuries, fractures, dislocations, poisoning, any illness or injury resulting in 3 days or more lost workdays.
- Fatality: Death.

Likelihood (of occurrence) could be measured on a 5-point scale:

- Rare: this will probably never happen/recur.
- Unlikely: do not expect to happen/recur but it is possible it may do so.
- Possible: Might happen or recur occasionally.
- Likely: will probably happen/recur, but it is not a persisting issue/circumstances.
- Almost certain: will undoubtedly happen/recur, possibly frequently.

Depending on the level of risk, the risks are then assessed, controlled, or reduced based on urgency for action which would depend on the risk rating given below:

Risk rating	Urgency of action
(16 - 8) High	Immediate
(6 - 3) Medium	months 3 Within
(2 - 1) Low	Keep monitoring to keep risk at a low level

## 17.3 Appendix 3 – Generic Health Questionnaire

GENERIC HEALTH QUESTIONNAIRE	
<p>Guidance notes for Examinee:</p> <ul style="list-style-type: none"> <li>The purpose of this medical assessment is to identify physical and psychological problems which may affect the ability of the examinee to carry out the duties of his job in a safe and effective manner.</li> <li>To advise the examinee and the company if there are medical reasons why the duties of the position may not be suitable for the examinee.</li> <li>To identify those adjustments to employment that may be required to enable the examinee to perform the job to the standard required.</li> <li>To provide a baseline health profile for statutory</li> <li>Health surveillance to measure and detect any health changes during employment.</li> <li>To make sure that examinee is free from any contagious disease as per GCC rules and regulations for expatriate medical examination.</li> <li>To provide information for epidemiological studies by occupational health..</li> </ul>	<p>ملاحظات وتوجيه للمتقدمين للفحص الطبي: الطبي:</p> <ul style="list-style-type: none"> <li>الهدف من هذا الفحص الطبي هو تحديد المشاكل الجسدية والنفسية التي قد تؤثر على قدرة المرشح على تنفيذ العمل المقترح بطريقة آمنة وفعالة.</li> <li>تقديم المشورة للمرشح والشركة فيما إذا كانت هناك أسباب صحية تمنع المرشح من القيام بمهام العمل.</li> <li>لتحديد التعديلات على العمل التي قد تكون لازمة لتمكين الموظف من أداء الأداء وظيفته على المستوى المطلوب.</li> <li>توفير بيانات صحية مبدئية للكشف مبدئية للكشف عن أية تغييرات على الوضع الصحي للموظف أثناء العمل لتغطية المسؤولية المهنية والقانونية. القانونية.</li> <li>التأكد من أن العامل الأجنبي خالي من أي مرض معد يمكن ان ينتقل من خلال الاتصال، وذلك وفقاً لقواعد وأنظمة دول مجلس التعاون الخليجي للفحص الطبي.</li> <li>توفير المعلومات للدراسات الوبائية التي قد يقوم بها قسم الصحة المهنية في المستقبل.</li> </ul>

### Purpose of medical examination: Occupational Health reception staff completes this section (√as appropriate)

<input type="checkbox"/> Pre Employment	<input type="checkbox"/> Doha FTW Program	<input type="checkbox"/> Final Departure
<input type="checkbox"/> Periodic Medical	<input type="checkbox"/> Offshore FTW	<input type="checkbox"/> Trainee
<input type="checkbox"/> Job Transfer	<input type="checkbox"/> Fireman FTW	<input type="checkbox"/> Educational
<input type="checkbox"/> Definite To Indefinite	<input type="checkbox"/> Health Surveillance	<input type="checkbox"/> Other
<input type="checkbox"/> Service Extension	<input type="checkbox"/> Return To Work	

### PART I – MEDICAL QUESTIONNAIRE

### الجزء الأول -- الاستبيان الطبي

The examinee must complete all sections in this Medical Questionnaire truthfully and to the best of your knowledge, if needed assistance may be provided by the Occupational Health Nursing staff.

يجب استكمال جميع الفروع في هذا الاستبيان الطبي بصدق ويقدر المستطاع، يمكن طلب المساعدة التي يحتاجها من قسم التمريض

#### Personal Details :

#### معلومات شخصية :

Full Name		الاسم الكامل الاسم الكامل	
Gender الجنس	Male ذكر <input type="checkbox"/>	Female انثى <input type="checkbox"/>	Date of Birth تاريخ الميلاد
Nationality الجنسية	Religion الديانة		Staff No. الرقم الوظيفي
Marital Status الحالة الاجتماعية	Job Title الوظيفة		Home Address عنوان الإقامة
Phone No. رقم الهاتف	Mobile No. رقم الجوال		Email البريد الإلكتروني

Name & address of Family Physician	أسم وعنوان طبيب العائلة العائلة
E-Mail	البريد الإلكتروني

Any Family history of (✓ as appropriate)		التاريخ المرضي العائلي (ضع إشارة ✓)			
Diabetes	<input type="checkbox"/>	السكري	Asthma	<input type="checkbox"/>	الربو
High Blood pressure	<input type="checkbox"/>	ارتفاع ضغط الدم	Epilepsy	<input type="checkbox"/>	الصرع
Stroke	<input type="checkbox"/>	الجلطة الدماغية	Any Mental Illness	<input type="checkbox"/>	اي امراض عقليه
High Cholesterol	<input type="checkbox"/>	ارتفاع الكوليسترول	Tuberculosis	<input type="checkbox"/>	الدرن - السل
Heart Disease	<input type="checkbox"/>	امراض القلب	Cancer	<input type="checkbox"/>	السرطان

Vaccination Record: (✓ as appropriate)		سجل التطعيمات (ضع إشارة ✓)			
Have you ever been vaccinated for any of the following?	Date	التاريخ	هل أخذت أي من اللقاحات التالية؟		
BCG	<input type="checkbox"/>	الدرن - السل	Polio	<input type="checkbox"/>	شلل الاطفال
Tetanus	<input type="checkbox"/>	الكزاز	Yellow Fever	<input type="checkbox"/>	الحمى الصفراء
Hepatitis A	<input type="checkbox"/>	الالتهاب الكبدي أ	Varicella	<input type="checkbox"/>	الجدري المائي (العنقز)(العنقز)
Hepatitis B	<input type="checkbox"/>	الالتهاب الكبدي ب	Meningococcal	<input type="checkbox"/>	المكورة السحائية

Occupational Health History: If this section does not apply to you, put a cross. Do not leave blank!		التاريخ الصحي المهني: إذا لم يكن هذا القسم هذا القسم هذا القسم مطابقاً، مطابقاً، ضع إشارة x			
Nature of last three jobs	مسمى آخر ثلاث وظائف شغلتها	Dates	التاريخ		
History of occupational hazard exposure (✓ as appropriate)		تاريخ التعرض لأي أخطار مهنية سابقة (✓ حسب مقتضى الحال)			
Working at Heights	<input type="checkbox"/>	العمل على ارتفاعات	Manual Handling	<input type="checkbox"/>	العمل اليدوي
Heavy equipment operation	<input type="checkbox"/>	تشغيل المعدات الثقيلة	Biological Risk	<input type="checkbox"/>	المخاطر البيولوجية
Driving Heavy Vehicle	<input type="checkbox"/>	قيادة مركبة ثقيلة	Radiation Exposure	<input type="checkbox"/>	التعرض للإشعاع
Vibration	<input type="checkbox"/>	اهتزاز	Dust	<input type="checkbox"/>	غبار
Noise	<input type="checkbox"/>	ضجيج	Nickel	<input type="checkbox"/>	النيكل
Chemical Exposure	<input type="checkbox"/>	التعرض للكيمياويات	Organophosphate	<input type="checkbox"/>	الفوسفات العضوي
Benzene	<input type="checkbox"/>	البنزين	Mercury	<input type="checkbox"/>	الزئبق
H2S	<input type="checkbox"/>	غاز H2S	Cadmium	<input type="checkbox"/>	الكاديوم
Pesticide Use	<input type="checkbox"/>	استخدام مبيدات الآفات	Lead	<input type="checkbox"/>	رصاص

Questions السؤال	No لا	If YesYes, Please give details إذا كانت الاجابة نعم, أذكر نعم, أذكر التفاصيل
Have you had any periods of continuous illness of two weeks or more during the last 5 years? هل أصبت بأي مرض أستمّر لمدة أستمّر لمدة أسبوعين أو أكثر خلال الـ 5 سنوات الماضية؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost any time from work in the last 12 months due to illness or injury? هل تغيبت عن العمل في الاثني عشر الشهر الماضيها الماضية بسبب المرض أو الاصابة بالإصابة؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you been admitted to hospital during the last 5 years? هل تم أذالك أذالك الى المستشفى خلال الخمس السنوات الماضية الماضية؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made a claim for occupational injury or ill health? هل قمت بالمطالبة بالمطالبة بالتعويض عن اصابة العمل او المرض؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been considered medically unfit for any previous employment? هل سبق لك ان اعتبرت غير لائق طبيياً للقيام بأي عمل سابق؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had to change jobs or works assignments because of a health problem or injury? هل كان عليك القيام عليك القيام بتغيير عملك أو وظيفتك سبب وجود مشاكل صحية أو اصابات	<input type="checkbox"/>	<input type="checkbox"/>
Has any abnormality ever been detected in your chest x-ray? هل لوحظ وجود أي مشكلة في فحص أشعة الصدر الخاص بك؟	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any special needs which you consider would impact on the job for which you are applying, are you registered with the government body for special needs? هل أنت مسجل ضمن ذوي الاحتياجات الخاصة، أو هل لديك أي إعاقة تمنعك من القيام بالعمل؟	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any health problems, symptoms, or injuries associated with your current/past job(s)? هل لديك علم بالمشاكل الصحية الصحية المرتبطة بوظيفتك الحالية الحالية او السابقة السابقة؟	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever consider psychiatric help, attended counseling sessions, had thoughts of self harm? هل فكرت يوماً في طلب مساعدة نفسية، أو ساورتك الأفكار في تسبب الضرر لنفسك؟	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been absent from work due to any psychological problem? هل سبق لك التغييب عن العمل بسبب أي مشكلة نفسية؟	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle Habits: (✓ as appropriate)		العادات الصحية: (ضع إشارة ✓)		
Are you a current smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	هل تدخن حالياً؟ لا <input type="checkbox"/> نعم <input type="checkbox"/>	Average Cigarettes Per Day?		متوسط عدد السجائر في اليوم؟
If not a current smoker, have you ever smoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	إذا كنت حالياً لا تدخن هل تدخن هل دخنت من قبل؟ لا <input type="checkbox"/> نعم <input type="checkbox"/>	For how long did you smoke?		كم عدد سنوات التدخين؟
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	هل تشرب الكحول؟ لا <input type="checkbox"/> نعم <input type="checkbox"/>	If yes, an average per week?		إذا كانت الاجابة نعم كم في الاسبوع؟
Are you involved in any sporting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	هل تشارك في اي انشطه رياضيه؟ لا <input type="checkbox"/> نعم <input type="checkbox"/>	If yes, what type & frequency?		إذا كانت الاجابة نعم اي نوع وكم مرة؟
Do you have pets at home? <input type="checkbox"/> Yes <input type="checkbox"/> No				هل لديك حيوانات اليفة في المنزل؟ لا <input type="checkbox"/> نعم <input type="checkbox"/>

Medical History:	التاريخ المرضي:
How would you rate your physical fitness? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent (Tick only one)	كيف تقيم لياقتك البدنية؟ <input type="checkbox"/> ممتاز <input type="checkbox"/> جيد <input type="checkbox"/> مقبول <input type="checkbox"/> ضعيف (إختار إجابة واحدة)

Chronic disease surveillance (✓ as appropriate)	الأمراض المزمنة (ضع إشارة ✓)
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> ارتفاع ضغط الدم
<input type="checkbox"/> Elevated cholesterol levels	<input type="checkbox"/> ارتفاع نسبة الدهون في الدم
<input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> نمط الحياة الحياتية المتسهم بقله الحركة الحركية
<input type="checkbox"/> Excess body weight	<input type="checkbox"/> زيادة هزيلة في الوزن - السمنة
<input type="checkbox"/> Diabetes or elevated blood sugar levels	<input type="checkbox"/> السكري او ارتفاع مستوى سكر الدم
<input type="checkbox"/> History of heart disease	<input type="checkbox"/> الإصابة بمرض في القلب
For questions you checked above, please describe the medical care advised or performed and your present condition.	إذا كان لديك أي مشكلة سابقة: أذكر أي علاج تم وصفه أو تقديمه لك

Please complete the following checklist indicating if you have ever had the condition listed. For those checked "Yes," indicate whether the condition is current or in the past and give details regarding onset date, diagnosis, list all medications used, and any current limitation. For writing the details, please use the back of this page.	يرجى اكمال القائمة التالية التي تبين ما إذا كان لديك أي من الحالات المذكورة، المذكورة، إذا كانت الإجابة «الإيجابية» نعم» أذكر ما إذا كانت الحالة مستمرة أو في الماضي، الماضي، وإعطاء تفاصيل عن تاريخ ظهور الأعراض، والأعراض، والتشخيص ، والتشخيص، وقائمة بجميع الأدوية المستخدمة. لكتابة التفاصيل، التفاصيل، استخدم الجزء الخلفي من هذه الصفحة
--	---

Conditions (✓ as appropriate)	Yes نعم	No لا	Current حالياً	Past سابقاً	المرض (ضع إشارة ✓)
Any Vision problem					مشاكل الرؤية نظر (لم تصحح بالنظارات)
Any Color vision defect					عمى الألوان
Any Ear infection					التهاب الاذن
Hay fever, sinusitis, severe headaches					حمى القش / التهاب الجيوب / صداع شديد
Any Hearing problem					مشاكل السمع
Persistent cough					سعال او كحة مستمرهمستمرة
Tuberculosis					مرض السل - الدرن
Bronchitis / emphysema					التهاب الشعب الهوائية الهوائية / انتفاخ الرئتين
Pneumonia / pleurisy					التهاب الرئوي / ذات الجنب
Asthma/ breathlessness					الربو / ضيق التنفس

Any Blood vessel disorders / varicose vein					اضطرابات الاوعيهالأوعية الدموية / الدوالي ( الاوردهالأوردة)
Any Chest disease/pain /Breast problem					مرض في الصدر / مشاكل الثدي
Any Heart disease					امراض القلب
Any Heart surgery (Bypass, Angioplasty)					عمليات القلب ( قسطرة)قسطرة / جهاز تنظيم ضربات القلب)
Abnormal ECG findings					أضطراباضطراب في تخطيط القلب
Any Bleeding disorders, Thrombosis, Anemia					الانيميا ( فقر(فقر الدم) - اضطرابات تخثر الدم،الدم، النزيف
Any joint pain or injury					آلام أو إصابات في المفاصل
Broken bones, fractures fractures, or dislocations					كسر - خلع في المفصل
Back complaint / back injury /disc problem					مشاكل الظهر /إصابات الظهر /مشاكل الدسك
Muscle, tendon tendon, or ligament problems					مشاكل العضلات - الارتباطالأربطة - الأوتار
Gout / Arthritis					النقرس /التهاب المفاصل
Hernia					فتق - فتاق
Stomach or duodenal ulcers					قرحة المعدةالمعدة او قرحة الاثني الاثنا عشر
Chronic indigestion					عسر الهضم المزمن
Any Intestinal problem					مشاكل الامعاء
Hemorrhoids					البواسير
Hepatitis / Other Liver Problems					التهاب الكبد (مشاكل(مشاكل الكبد)
Thyroid /Thyroid / Other Gland Problems					الغده الدرقيهالدرقية (او مشاكل الغدد الصماء (الصماء)
Any Gallbladder problems					مشاكل المرارة
Any kidney disease/ urinary problem					امراض الكليه أمراض الكلى
Any Gynecological / Obstetric problem					امراض النساء / مشاكل الولاده الولاده
Any skin problem Eczema, dermatitis					مشاكل الجلد (الأكزيما / التهاب الجلد ) الجلد)
Allergy to any medicine, food, chemicals					حساسيه من الادويهالأدوية-الاطعمهالأطعمة- المواد الكيمياءالكيميائية
Head injury					إصابات إصابات الرأس في الراس
Epilepsy, fainting, fits, blackouts					الصرع / الاغماء او غياب الوعي
Migraine / Vertigo					الصداع النصفي / الدوار
Any psychiatric problems, depression, mania					اي مشاكل عقليه /نفسيه / إكتئاب اكتئاب
Anxiety / Irrational Fear					القلق / خوف غير منطقي
Persistent Stress					استمرار التوتر
Mood Swing / Flight of Ideas					التقلب المزاجي\ اضطراب الفكر
Intolerable Sleep Problems					مشاكل او اضطرابات في النوم
Any neurological problem					اي مشاكل عصبية أمراض الأعصاب
Any major surgery					اي جراحه كبرى
Any tropical disease, e.g., Malaria					اي امراض مدارية او معدية (مثل الملاريا)
Any vehicle accident-related injury					اي إصابة أصابه ناتجة عن حادث سير
Any regular medication					هل تتناول أي دواء أي دواء بانتظام
Any tumor or cancer					اي ورم او سرطان
Any addiction, e.g., alcohol, drugs					اي ادمان (الكحول أو الأدوية مخدرات)

Declaration: Please read the below statements the statements and below and sign

إقرار: الرجاء قراءة ما يلي و التوقيع والتوقيع أدناه

I hereby declare that:

- I have read and understood the conditions in this form.
- I understand that, that the information I provide will be retained on in my employee file and that my employer reserves the right to access and use the information, in the event of an accident, injury, sickness or claim for workers' compensation or for any other reasonable purposes, if so so, required by law.
- I consent to my employer occupational health department representatives in obtaining or exchanging further medical information from my treating doctors or other health practitioners if required for the purposes of this assessment.
- My answers relating to my medical and employment history are true and complete to the best of my knowledge. Furthermore, there is nothing else regarding my health, well being well-being or ability to carry out the potential role which my employer occupational health Medical Officers may need to know to assess me for the duties of my job.
- I certify that the answers given by me on this health assessment form are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that false statements or omissions may void this medical exam.
- I understand and agree that this report and any related health information provided by me, including investigations results, may be supplied to other Physicians physicians in order to to establish my medical fitness.

Signature of Examinee

التوقيع

Date

التاريخ

--	--



## 17.4 Appendix 4 – Generic Medical Examination Form

### GENERIC MEDICAL EXAMINATION FORM

(PART II - CLINICAL ASSESSMENT (To be completed by occupational health staff health staff

#### NURSING EVALUATION To be completed by the Nursing staff (✓ as appropriate)

Height (cms)	Weight (kg)		BMI		Waist (cms) If BMI 35-30	BP (mm of Hg)	Pulse/min	PEFR (L / min)
Vision	Distant		Near		Colour Vision	Blood Group	Spoken Voice	
	RE	LE	RE	LE			R Ear	L Ear
Uncorrected					<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal safe		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Corrected								

#### PHYSICIAN EVALUATION To be completed by Examining Medical Officer (N- Normal, X – Not examined, A- Abnormal)

Please elaborate below any significant medical or surgical history, any treatment, significant current findings, and medical management.

General		
Head, Face, Neck		
Eyes		
Ears, Nose, Throat		
Mouth, Teeth		
Lungs and Chest		
Cardiovascular		
Hematological		
Abdomen, Hernia		
Breast (F)		
Gynecologic, Pregnancy (F)		
Genitalia		
Anus, Rectum		
Urinary System		
Musculo- Skeletal		
Spine, Extremities		
Neurologic system		
Mental Status		

Skin& Allergies		
Endocrine system		
Metabolic system		
Malignancy Malignant diseases		

### SPECIAL INVESTIGATION

Please use this space to elaborate on your clinical findings, abnormal laboratory, other investigation results & follow-up details.

Chest X-ray		Examining Medical Officer Signature and Stamp
ECG		
Spirometry		
Audiometry		
VO2 Max		
Laboratory findings:		Date:
		Radiology Dept. Stamp

### REQUIRED HEALTH MONITORING AND MEDICAL SURVEILLANCE (√ as appropriate)

<input type="checkbox"/> Obesity, BMI reduction	<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> Liver Disorder
<input type="checkbox"/> Lipid Disorder	<input type="checkbox"/> Cardiovascular Disorder	<input type="checkbox"/> Mental Disorder
<input type="checkbox"/> Diabetes/ Impaired FBS	<input type="checkbox"/> Respiratory Disorder	<input type="checkbox"/> Hearing Conservation
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Skin Disorder
<input type="checkbox"/> Neoplasm		

### FITNESS STATUS FOLLOW-UP

Reason for delay in fitness status	Date	Additional Information
<input type="checkbox"/> Candidate not reporting for follow-up <input type="checkbox"/> Laboratory results pending <input type="checkbox"/> Health clearance needed from (MC) <input type="checkbox"/> Awaiting GP or Specialist report <input type="checkbox"/> Appointment with other Physician		

### FINAL OUTCOME For Occupational Health Medical Officer use only

Fit for position   
  Fit with restriction   
  Fit with adjustment   
  Temporarily Unfit   
  Unfit for position

Signature of Medical Officer (OH)	Official Stamp
Name:	Date:

## 17.5 Appendix 5 – Some Occupations Requiring Medical Screening

<b>Emergency Responders</b> Includes: Fire-fighters, police, civil defense, ambulance personnel, hazmat emergency responders etc.		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration</li> <li>• Complete respirator evaluation questionnaire</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment                             <ul style="list-style-type: none"> <li>◦ Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>• Physician assessment                             <ul style="list-style-type: none"> <li>◦ General and systemic examination</li> <li>◦ Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine                             <ul style="list-style-type: none"> <li>◦ Marijuana            Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+

<p>Audiometry</p> <ul style="list-style-type: none"> <li>In each ear - following frequencies: 500 Hz 1000 Hz 2000 Hz                      4000 Hz                      3000 Hz 6000 Hz 8000 Hz</li> </ul>	+	+
<p>Spirometry</p> <ul style="list-style-type: none"> <li>To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
<p>Aerobic capacity</p> <ul style="list-style-type: none"> <li>Step test or treadmill protocol</li> </ul>	+	+
<p>Functional capacity</p> <ul style="list-style-type: none"> <li>Grip strength</li> <li>Leg strength</li> <li>Arm strength                      Push-up</li> <li>Curl-up</li> <li>Sit-and-reach</li> </ul>	+	+
<p>Frequency</p>	Before offering employment	Annually
<p>Restrictions:</p> <ul style="list-style-type: none"> <li>Refer to the below-mentioned standard.</li> </ul>		
<p>References:</p> <ul style="list-style-type: none"> <li>National Fire Protection Association (NFPA) 1582: Standard on comprehensive occupational medical program for fire departments (USA).</li> </ul>		

<b>DIVER COMMERCIAL</b>		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
<p>Health Questionnaire</p> <ul style="list-style-type: none"> <li>Complete questionnaire and sign declaration</li> </ul>	+	+
<p>Physical Examination</p> <ul style="list-style-type: none"> <li>Review the health questionnaire</li> <li>Check logbook</li> <li>Nursing assessment <ul style="list-style-type: none"> <li>Height, weight, BMI, BP, Vision (Near &amp; Far) , Waist circumference</li> </ul> </li> <li>Physician assessment <ul style="list-style-type: none"> <li>General and systemic examination</li> <li>Otoscopy with Valsalva-test</li> <li>Neurology /locomotion system: Nystagmus (spontaneous and after head movement), sharpened Romberg test, sensitivity and motor function, gait, grasping small objects, reflexes (patella and Achilles, etc.), cranial nerves</li> </ul> </li> </ul>	+	+
<p>Psychological judgment</p>	+	-
<p>Chest X-ray</p> <ul style="list-style-type: none"> <li>Posterior-anterior view</li> </ul>	+	-
<p>Blood test</p> <ul style="list-style-type: none"> <li>Full blood count</li> <li>Fasting blood glucose</li> </ul>	+	+

Urinalysis • Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin	+	+
Serology • HIV, HBV, HCV, RPR	+	-
ECG • A resting 12-lead ECG	+	+
Audiometry • In each ear at each of the following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz      4000Hz 6000 Hz 8000 Hz	+	+
<b>Spirometry</b> • To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio. Post-exercise PEF/ FEV <sup>1</sup>	+	+
Aerobic capacity Step test protocol	+	-
Frequency	Before offering employment	Annually
Restrictions: Refer to the below-mentioned standard.		
References: Fitness to Dive Standards: Guidelines for medical assessment of working divers. European Diving Technology Committee (EDTC).		

### COMMERCIAL PILOT - AERO PLANE, AIRSHIP, HELICOPTER

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire • Complete questionnaire and sign declaration	+	+
• Physical Examination • Review the health questionnaire • Nursing assessment ◦ Height, weight, BMI, BP, Vision (Near & Far) ◦ Color vision assessment • Physician assessment ◦ General and systemic examination ◦ Neurology / locomotion system	+	+
Psychological judgement	+	+
Chest X-ray • Posterior-anterior and lateral views	+	-
Blood test • Full blood count • Fasting blood glucose • Total cholesterol, HDL, LDL, lipid ratios, triglycerides	+	+
Urinalysis • Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin	+	+

Serology • HIV, HBV, HCV, RPR	+	-
Drug testing • Amphetamine (AMP) • Barbiturates • Benzodiazepines • Cocaine ◦ Marijuana            Methadone ◦ Methamphetamine ◦ Opiate ◦ Phencyclidine ◦ Tricyclic antidepressants	+	-
ECG • A resting 12-lead ECG	+	Every 5 years until age 30, every 2 years until age 40, annually after age 40
Audiometry In each ear at each of the following frequencies: 500 Hz 1000 Hz 2000 Hz            4000 Hz            3000 Hz 6000 Hz 8000 Hz	+	+
Spirometry • To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.	+	+
Frequency	Before offering employment	Annually
Restrictions: • Refer to the below-mentioned standard.		
References: • Qatar Civil Aviation Regulations No. 001 of 2016: Aircrew Licensing		

### Commercial Vehicle 3.5 to 7.5 ton

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire • Complete questionnaire and sign declaration- Appendix 3	+	+
Physical Examination • Review the health questionnaire • Nursing assessment ◦ Height, weight, BMI, BP, Vision (Near & Far), color vision • Physician assessment ◦ General and systemic examination ◦ Mental health screening	+	+
Chest X-ray • Posterior-anterior and lateral views	+	-

<p>Blood test</p> <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
<p>Urinalysis</p> <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
<p>Serology</p> <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
<p>Drug testing</p> <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana</li> <li>◦ Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
<p>ECG</p> <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
<p>Audiometry</p> <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> </ul> <p>500 Hz 1000 Hz 2000 Hz 3000 Hz      4000Hz 6000 Hz 8000 Hz</p>	+	+
<p>Spirometry</p> <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
<p>Aerobic capacity</p> <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
<p>Functional capacity</p> <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength      Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
<p>Frequency</p>	Before offering employment	Annually
<p>Restrictions:</p> <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
<p>References:</p> <ul style="list-style-type: none"> <li>• Department of Transport (UK). DVLA. Medical Standards for fitness to drive.</li> </ul>		

## Heavy Equipment - eg. Crane, Bulldozer

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment                             <ul style="list-style-type: none"> <li>○ Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>• Physician assessment                             <ul style="list-style-type: none"> <li>○ General and systemic examination</li> <li>○ Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine                             <ul style="list-style-type: none"> <li>○ Marijuana                      Methadone</li> <li>○ Methamphetamine</li> <li>○ Opiate</li> <li>○ Phencyclidine</li> <li>○ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>• In each ear - following frequencies:                              500 Hz                              1000 Hz                              2000 Hz                      4000 Hz                      3000 Hz                              6000 Hz                              8000 Hz</li> </ul>	+	+
Spirometry <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+



Functional capacity <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength      Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>• Department of Transport (UK). DVLA. Medical Standards for fitness to drive.</li> </ul>		

### Health Care Workers

Includes: Physicians, Nurses, Nursing Assistants, Dentist, Therapists –physiotherapists, occupational therapists, respiratory therapists, Technicians – ECG, respiratory, radiographer, laboratory, radiology, sterilization/CSSD

Physician		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment <ul style="list-style-type: none"> <li>◦ Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>• Physician assessment <ul style="list-style-type: none"> <li>◦ General and systemic examination</li> <li>◦ Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-

Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana            Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG A resting -12lead ECG	+	+
Audiometry In each ear - following frequencies: 500 Hz 1000 Hz            4000 Hz            3000 Hz            8000 Hz 6000 Hz            2000 Hz	+	+
Spirometry <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
Functional capacity <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength            Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>• CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

Nurse, Nursing Assistant		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment <ul style="list-style-type: none"> <li>◦ Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>• Physician assessment <ul style="list-style-type: none"> <li>◦ General and systemic examination</li> <li>◦ Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-

<p>Blood test</p> <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
<p>Urinalysis</p> <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
<p>Serology</p> <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
<p>Drug testing</p> <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana            Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
<p>ECG</p> <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
<p>Audiometry</p> <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> </ul> <p>500 Hz  1000 Hz  2000 Hz  3000 Hz        4000Hz  6000 Hz  8000 Hz</p>	+	+
<p>Spirometry</p> <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
<p>Aerobic capacity</p> <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
<p>Functional capacity</p> <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength        Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
<p>Frequency</p>	Before offering employment	Annually
<p>Restrictions:</p> <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
<p>References:</p> <ul style="list-style-type: none"> <li>• CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

## Dentist

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>Review the health questionnaire</li> <li>Nursing assessment                             <ul style="list-style-type: none"> <li>Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>Physician assessment                             <ul style="list-style-type: none"> <li>General and systemic examination</li> <li>Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>Full blood count</li> <li>Basic electrolytes</li> <li>Renal function (BUN, creatinine, uric acid)</li> <li>Fasting blood glucose</li> <li>Liver function tests (ALT, AST, GGT)</li> <li>Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>HIV, HBV, HCV, RPR</li> </ul>	+	-
Drug testing <ul style="list-style-type: none"> <li>Amphetamine (AMP)</li> <li>Barbiturates</li> <li>Benzodiazepines</li> <li>Cocaine                             <ul style="list-style-type: none"> <li>Marijuana</li> <li>Methadone</li> <li>Methamphetamine</li> <li>Opiate</li> <li>Phencyclidine</li> <li>Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>A resting -12lead ECG</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>In each ear - following frequencies:</li> <li>500 Hz</li> <li>1000 Hz</li> <li>2000 Hz</li> <li>3000 Hz      4000Hz</li> <li>6000 Hz</li> <li>8000 Hz</li> </ul>	+	+
Spirometry <ul style="list-style-type: none"> <li>To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+

Aerobic capacity • Step test or treadmill protocol	+	+
Functional capacity • Grip strength • Leg strength • Arm strength      Push-up • Curl-up • Sit-and-reach	+	+
Frequency	Before offering employment	Annually
Restrictions: • Refer to the below-mentioned standard.		
References: • CDC 'Yellow Book', USA, Atlanta, GA.		

<b>Physiotherapist / Occupational / Respiratory Therapist</b>		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire • Complete questionnaire and sign declaration- Appendix 3	+	+
Physical Examination • Review the health questionnaire • Nursing assessment ◦ Height, weight, BMI, BP, Vision (Near & Far), color vision • Physician assessment ◦ General and systemic examination ◦ Mental health screening	+	+
Chest X-ray • Posterior-anterior and lateral views	+	-
Blood test • Full blood count • Basic electrolytes • Renal function (BUN, creatinine, uric acid) • Fasting blood glucose • Liver function tests (ALT, AST, GGT) • Total cholesterol, HDL, LDL, lipid ratios, triglycerides • Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.	+	+
Urinalysis • Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin	+	+
Serology • HIV, HBV, HCV, RPR	+	-

Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana            Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> </ul> 500 Hz 1000 Hz 2000 Hz 3000 Hz        4000Hz 6000 Hz 8000 Hz	+	+
Spirometry <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
Functional capacity <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength        Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>• CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

### Technicians: ECG, Respiratory, Radiographer

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment</li> <li>• Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> <li>• Physician assessment</li> <li>• General and systemic examination</li> <li>• Mental health screening</li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-

<p>Blood test</p> <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
<p>Urinalysis</p> <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
<p>Serology</p> <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
<p>Drug testing</p> <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana</li> <li>◦ Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
<p>ECG</p> <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
<p>Audiometry</p> <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> </ul> <p>500 Hz  1000 Hz  2000 Hz  3000 Hz      4000Hz  6000 Hz  8000 Hz</p>	+	+
<p>Spirometry</p> <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
<p>Aerobic capacity</p> <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
<p>Functional capacity</p> <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength      Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
<p>Frequency</p>	Before offering employment	Annually
<p>Restrictions:</p> <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
<p>References:</p> <ul style="list-style-type: none"> <li>• CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

## Laboratory Technician, Radiology Technician

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>Review the health questionnaire</li> <li>Nursing assessment                             <ul style="list-style-type: none"> <li>Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>Physician assessment                             <ul style="list-style-type: none"> <li>General and systemic examination</li> <li>Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>Full blood count</li> <li>Basic electrolytes</li> <li>Renal function (BUN, creatinine, uric acid)</li> <li>Fasting blood glucose</li> <li>Liver function tests (ALT, AST, GGT)</li> <li>Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>HIV, HBV, HCV, RPR</li> </ul>	+	-
Drug testing <ul style="list-style-type: none"> <li>Amphetamine (AMP)</li> <li>Barbiturates</li> <li>Benzodiazepines</li> <li>Cocaine                             <ul style="list-style-type: none"> <li>Marijuana</li> <li>Methadone</li> <li>Methamphetamine</li> <li>Opiate</li> <li>Phencyclidine</li> </ul> </li> <li>Tricyclic antidepressants</li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>A resting 12-lead ECG</li> </ul>	+	+
Audiometry <p>In each ear - following frequencies:</p> 500 Hz 1000 Hz 2000 Hz 3000 Hz      4000Hz 6000 Hz 8000 Hz	+	+



Spirometry <ul style="list-style-type: none"> <li>To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>Step test or treadmill protocol</li> </ul>	+	+
Functional capacity <ul style="list-style-type: none"> <li>Grip strength</li> <li>Leg strength</li> <li>Arm strength      Push-up</li> <li>Curl-up</li> <li>Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

Sterilization Technician		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>Review the health questionnaire</li> <li>Nursing assessment</li> <li>Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> <li>Physician assessment</li> <li>General and systemic examination</li> <li>Mental health screening</li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>Full blood count</li> <li>Basic electrolytes</li> <li>Renal function (BUN, creatinine, uric acid)</li> <li>Fasting blood glucose</li> <li>Liver function tests (ALT, AST, GGT)</li> <li>Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>HIV, HBV, HCV, RPR</li> </ul>	+	-

Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine <ul style="list-style-type: none"> <li>◦ Marijuana            Methadone</li> <li>◦ Methamphetamine</li> <li>◦ Opiate</li> <li>◦ Phencyclidine</li> <li>◦ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> </ul> 500 Hz 1000 Hz 2000 Hz 3000 Hz            4000Hz 6000 Hz 8000 Hz	+	+
Spirometry <ul style="list-style-type: none"> <li>• To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>• Step test or treadmill protocol</li> </ul>	+	+
Functional capacity <ul style="list-style-type: none"> <li>• Grip strength</li> <li>• Leg strength</li> <li>• Arm strength            Push-up</li> <li>• Curl-up</li> <li>• Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>• CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

## Sea Farers

**Includes: Marine Skippers/Captains, boat masters and seaman etc**

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration- Appendix 3</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment                             <ul style="list-style-type: none"> <li>○ Height, weight, BMI, BP, Vision (Near &amp; Far), color vision</li> </ul> </li> <li>• Physician assessment                             <ul style="list-style-type: none"> <li>○ General and systemic examination</li> <li>○ Mental health screening</li> </ul> </li> </ul>	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Basic electrolytes</li> <li>• Renal function (BUN, creatinine, uric acid)</li> <li>• Fasting blood glucose</li> <li>• Liver function tests (ALT, AST, GGT)</li> <li>• Total cholesterol, HDL, LDL, lipid ratios, triglycerides</li> <li>• Prostate-specific antigen (PSA) after age 40 for positive family history, or if clinically indicated, after age 50 for all male members.</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
Drug testing <ul style="list-style-type: none"> <li>• Amphetamine (AMP)</li> <li>• Barbiturates</li> <li>• Benzodiazepines</li> <li>• Cocaine                             <ul style="list-style-type: none"> <li>○ Marijuana                      Methadone</li> <li>○ Methamphetamine</li> <li>○ Opiate</li> <li>○ Phencyclidine</li> <li>○ Tricyclic antidepressants</li> </ul> </li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>• In each ear - following frequencies: 500 Hz 1000 Hz 2000 Hz 3000 Hz              4000Hz 6000 Hz 8000 Hz</li> </ul>	+	+

Spirometry <ul style="list-style-type: none"> <li>To measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the FEV1/FVC ratio.</li> </ul>	+	+
Aerobic capacity <ul style="list-style-type: none"> <li>Step test or treadmill protocol</li> </ul>	+	+
Functional capacity <ul style="list-style-type: none"> <li>Grip strength</li> <li>Leg strength</li> <li>Arm strength            Push-up</li> <li>Curl-up</li> <li>Sit-and-reach</li> </ul>	+	+
Frequency	Before offering employment	Annually
Restrictions: <ul style="list-style-type: none"> <li>Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>CDC 'Yellow Book', USA, Atlanta, GA.</li> </ul>		

Teacher		
ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>Complete questionnaire and sign declaration</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>Review the health questionnaire</li> <li>Nursing assessment <ul style="list-style-type: none"> <li>Height, weight, BMI, BP, Vision</li> </ul> </li> <li>Physician assessment <ul style="list-style-type: none"> <li>General and systemic examination</li> </ul> </li> </ul>	+	+
Psychological judgement	+	+
Chest X-ray <ul style="list-style-type: none"> <li>Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>Full blood count</li> <li>Fasting blood glucose</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>HIV, HBV, HCV, RPR</li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>A resting 12-lead ECG (above 30 years)</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>In each ear - following frequencies: <ul style="list-style-type: none"> <li>500Hz – 8000Hz</li> </ul> </li> </ul>	+	+
Frequency	Before offering employment	Every 3 years
Restrictions: <ul style="list-style-type: none"> <li>Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>Occupational health advice on medical fitness to teach. Ireland Department of Education</li> </ul>		

### Taxi Driver (1 to 7 passengers)

ASSESSMENT ELEMENTS	PRE-EMPLOYMENT MEDICAL	PERIODIC MEDICAL
Health Questionnaire <ul style="list-style-type: none"> <li>• Complete questionnaire and sign declaration</li> </ul>	+	+
Physical Examination <ul style="list-style-type: none"> <li>• Review the health questionnaire</li> <li>• Nursing assessment                             <ul style="list-style-type: none"> <li>◦ Height, weight, BMI, BP, Vision</li> </ul> </li> <li>• Physician assessment                             <ul style="list-style-type: none"> <li>◦ General and systemic examination</li> </ul> </li> </ul>	+	+
Psychological judgement	+	+
Chest X-ray <ul style="list-style-type: none"> <li>• Posterior-anterior and lateral views</li> </ul>	+	-
Blood test <ul style="list-style-type: none"> <li>• Full blood count</li> <li>• Fasting blood glucose</li> </ul>	+	+
Urinalysis <ul style="list-style-type: none"> <li>• Glucose, ketones, leukocyte esterase, protein, blood, and bilirubin</li> </ul>	+	+
Serology <ul style="list-style-type: none"> <li>• HIV, HBV, HCV, RPR</li> </ul>	+	-
ECG <ul style="list-style-type: none"> <li>• A resting 12-lead ECG (above 30 years)</li> </ul>	+	+
Audiometry <ul style="list-style-type: none"> <li>• In each ear - following frequencies:</li> <li>• 500Hz – 8000Hz</li> </ul>	+	+
Frequency	Before offering employment	Every 3 years
Restrictions: <ul style="list-style-type: none"> <li>• Refer to the below-mentioned standard.</li> </ul>		
References: <ul style="list-style-type: none"> <li>• Department of Transport (UK). DVLA. Medical Standards for fitness to drive.</li> </ul>		

## 17.6 Appendix 6 - Generic Fitness to Work Certificate

**Note:** The following certificate shall be reproduced on company/ medical center letterhead having full correspondence address after comprehensive evaluation of the candidate undergoing occupational health medical examination. This certificate is invalid without photograph of candidate. examining physicians signature . dates and official stamp.



# FITNESS TO WORK CERTIFICATE

Attach a recent  
passport size  
photograph of  
the candidate

Name: .....  
Date of Birth: ..... Nationality: .....  
Qatar ID No.: ..... Company ID No.: .....  
Company Name: .....  
Job Title: .....

Above mentioned individual has been examined in accordance with Company Name Fitness to work medical guidelines. (Strike out which is not applicable)

- Medically fit for current position unrestricted
- Medically fit for current position with restrictions I surveillance
- Temporarily unfit for current position
- Permanently unfit for current position

Details of work restrictions / surveillance if any:

- 1.
- 2.
- 3.
- 4.

Examining Physician Name: .....  
Designation: .....  
Practice license no.: .....  
Name of licensing organization: .....  
Date of examination: .....  
Date of expiry of certificate: .....

Examining Physician

Signature Stamp

Complete address for correspondence:

## 17.7 Appendix 7 - Audiometry Questionnaire

<b>1. Personal details [To be completed by the Employee/Candidate, put an X as appropriate]</b>					
MIMS Record no.:					
Name:					
Gender: Male Female		DOB/Age:		Staff No.:	
Nationality:			Mobile/Phone No.:		
Reason for test: Pre placement (baseline) Periodic (annual) FTW STS Exposure Final exit					
<b>2. Occupational Noise Exposure details [To be completed by the Employee/Candidate, put an X as appropriate]</b>					
Job title:					
Length of service with the present employer:		years	months		
How long have you done the above-mentioned job:		years	months		
List previous occupations involving excessive Noise or Vibration exposure [most recent first]					
Dates : (From-To)		Job title		Used Hearing protection	
				<input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
Presently do you work in a noisy environment? If yes, do you wear hearing protection on this job? If yes, describe the type of noise you are exposed to <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Impulsive <input type="checkbox"/> Combination				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
Any noisy hobbies, e.g., using power tools, If yes using PPE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			
Any second job that is noisy? If yes using PPE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never			
Military service, If yes any exposure to Artillery fire Blast Explosion		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you aware of any hearing loss? If yes, have you had this evaluated? If yes, when (Year) :		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Time-wise, how did the loss occur?		<input type="checkbox"/> Gradually <input type="checkbox"/> Suddenly <input type="checkbox"/> Recently <input type="checkbox"/> Childhood <input type="checkbox"/> Unaware			
How long has it been since your last exposure to noises without protection?		<input type="checkbox"/> 1-8hrs <input type="checkbox"/> 14 hrs <input type="checkbox"/> 24- 48hrs <input type="checkbox"/> > 48hr			
<b>3. Medical Questionnaire [To be completed by the Employee/Candidate, put an X as appropriate]</b>					
If any of the below-mentioned condition applies to you presently or in the past, select <b>(Yes)</b> or <b>(No)</b> as appropriate.					
Ear Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold [Last one week only]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess ear wax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge from ear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinus problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent ENT consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear drum rupture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Using Hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discomfort in ears	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ringling in ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty in hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Severe dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Childhood Diseases Medications Medical Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Red Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirin	<input type="checkbox"/> Yes <input type="checkbox"/> No	High BP	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gentamycin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Streptomycin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family history of hearing loss before age 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kanamycin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vertigo	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide details here:

**4. Recreational Exposure [To be completed by the Employee/Candidate, put an X as appropriate]**

<input type="checkbox"/> Hunting	<input type="checkbox"/> Auto racing	<input type="checkbox"/> Power tools	<input type="checkbox"/> Target practice
<input type="checkbox"/> Motorcycling	<input type="checkbox"/> Loud music	<input type="checkbox"/> Others (Specify) :	

**The information I have provided is true and complete to the best of my knowledge.**

Employee/Candidate Signature:	Date:
-------------------------------	-------

**5. Oscope Screening [To be completed by OH Nurse, put an X as appropriate]**

<input type="checkbox"/> Clear – CL	<input type="checkbox"/> Inflamed – IN	<input type="checkbox"/> RE	<input type="checkbox"/> CL IN PC PP TOC S
<input type="checkbox"/> Partial Cerumen – PC	<input type="checkbox"/> Possible <input type="checkbox"/> Perforation – PP	<input type="checkbox"/> LE	<input type="checkbox"/> CL IN PC PP TOC S
<input type="checkbox"/> Scarring – S	<input type="checkbox"/> Total Occlude Cerumen – TOC		

**6. OH Nurse Comments [put a X as appropriate]**

Audiometry can be performed  
 Audiometry should be deferred  
 OH MO consultation before audiometry

Employee needs awareness and education on hearing protection

OHN Name:.....

Staff No.:..... Date: .....



## 17.8 Appendix 8 - Job Hazard Analysis Form

JOB		
TITLE OF PERSON WHO DOES JOB:	SUPERVISOR:	ANALYSIS BY:
DEPARTMENT:	SECTION:	Reviewed BY:
		APPROVED BY:
<b>SEQUENCE OF BASIC JOB STEPS</b> <i>Beware of being too detailed, record only the information needed to describe each job action. Rule of thumb, no more than 10 steps/task being evaluated</i>	<b>POTENTIAL ACCIDENTS OR HAZARDS</b> <i>Hazard Classification Categories: Stuck By/Against, Caught In/Between, Slip, Trip, or Fall, Overexertion, Ergonomic (Awkward Postures, Excessive Force, Vibration, Repetitive Motion)</i>	<b>RECOMMENDED SAFE JOB PROCEDURE</b> <i>Hazard Control Categories: Engineer Out (New Way to Do, Change Physical Conditions or Work Procedures, Adjust/Modify/ Replace Work Station Components/Tools, Decrease Performance Frequency), Personal Protective Equipment (PPE), Training, Improve Housekeeping</i>

## 17.9 Appendix 9 - Risk Assessment Form

Name of assessor								Date				
Time						Work area						
Task being assessed												
What is the hazard?	Who might be harmed?	How might people be harmed?	Existing risk control measures	Risk rating			Additional controls	New risk rating (Residual)			Action/monitored by whom?	Action/monitored by when?
				L	C	R		L	C	R		
Review Date						Signature						





[www.moph.gov.qa](http://www.moph.gov.qa)



[/MOPHQatar](https://www.facebook.com/MOPHQatar)



[/MOPHQatar](https://twitter.com/MOPHQatar)



[/MOPHQatar](https://www.instagram.com/MOPHQatar)