



# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Fitness for work certificate

Employee Data		Date	8/3/2022
Name	Muhammad Younas	Department/Company	
I.D No.	76371048	Occupation	operator
Type of Medical Evaluation Mark those applying ✓			
A1 Aircraft refuelling		A6 Fire / Emergency response team work	
A2 Breathing apparatus		A7 Professional driving ✓	
A3 Business traveller		A8 Remote location work	
A4 Catering and food preparation		A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles		A10 Transfers – group B country	
Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.			
Fit with no restrictions ✓			
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	
Work near moving machinery or sharp edges			
Working at height			
Pulling, pushing, or carrying weight over _____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit		Date	
Name of health advisor Signature		8/3/22	





PEACE LAND MEDICAL CENTER

**MEDICAL EXAMINATION REPORT (CONFIDENTIAL)**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <u>MUHAMMAD YOUNAS</u> Forenames <u>MUHAMMAD YOUNAS</u> Address <u>86371048 -</u> Home telephone number <u>71854964</u>																																																																																																																															
Place of examination: <u>mh</u>	Date: <u>7/3/22</u>																																																																																																																																
If a dependant enter employee's name here:																																																																																																																																	
Surname: <u>Muhammed</u> Birth date: <u>11/11/79</u> Nationality: <u>Pakistani</u>		Forenames: <u></u> Country of birth: <u>Pakistan</u> Religion: <u>Muslim</u>																																																																																																																															
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced																																																																																																																															
Reason for examination		Pre-Employment <input checked="" type="checkbox"/>	Periodic medical check-up <input type="checkbox"/>																																																																																																																														
Pre-Overseas		<input type="checkbox"/>																																																																																																																															
Name and address of family doctor		List your last 3 jobs																																																																																																																															
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Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																															
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																																																																	
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HAVE YOU EVER BEEN:-																																																																																																																																	
41. Rejected for employment or insurance for medical reasons		<input type="checkbox"/>																																																																																																																															
42. Awarded benefits for industrial injury/illness		<input type="checkbox"/>																																																																																																																															
43. Treated for a mental condition, e.g. depression		<input type="checkbox"/>																																																																																																																															
44. Treated for problem drinking or drug abuse		<input type="checkbox"/>																																																																																																																															
45. Exposed to toxic substance or noise		<input type="checkbox"/>																																																																																																																															
FOR WOMEN ONLY Have you ever had:- 46. An abnormal smear 47. Any gynaecological treatment 48. Are you pregnant? 49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE																																																																																																																																	
How much tobacco each day? <u>No</u>		Average daily alcohol consumption <u>No</u>																																																																																																																															
Have you ever taken elicited drugs? ( )																																																																																																																																	
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