



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

Surname: <u>MEHARBAN</u>	
Forenames: <u>MUHAMMAD YOUNAS</u>	
Address: <u>86771048 -</u>	
Home telephone number: <u>71854964</u>	
Place of examination: <u>mt</u>	Date: <u>7/3/22</u>
If a dependant enter employee's name here:	
Surname: _____ Forenames: _____	
Birth date: <u>11/11/79</u>	Nationality: <u>Pakistani</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
Relationship to employee: <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	
Number of children: <u>5</u>	
Reason for examination: <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up <input type="checkbox"/> Pre-Overseas	Job: <u>operator</u>
Area: _____	
Name and address of family doctor: _____	List your last 3 jobs:
	(1) _____
	(2) _____
	(3) _____
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.)	
Y N	Y N
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeat
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever /other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Painful passage of urine
12. Stomach ulcer	32. Diabetes
13. Recurrent indigestion	33. Headaches/migraine
14. Jaundice or hepatitis	34. Dizziness/fainting
15. Gall Bladder disease	35. Epilepsy
16. Marked change in bowel habits	36. Joints/spinal trouble
17. Blood in stools (motions)	37. Surgical operation
18. Marked change in weight	38. Serious accident/fracture
19. Varicose veins	39. Tropical disease
20. Lump in breast/armpit	40. Fear of heights
How much tobacco each day? <u>No</u> Average daily alcohol consumption <u>No</u>	
Have you ever taken elicited drugs? ()	
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema ()	
Heart disease () High blood pressure () Stroke () Blood Disease () Cancer ()	
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-	
I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.	
Date: <u>7/3/22</u>	Signature of Applicant: <u>Younas</u>