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# Service Catalogue

*Annual health checkups, occupational examinations and workplace medical services.*

Prepared for organisations evaluating an on-site health checkup programme.

**Essential**

General workforce

**Comprehensive**

All staff

**Executive**

Management & senior staff

*No pricing appears in this catalogue. Commercials are discussed separately.*

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# What this catalogue covers


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What sits in Essential, Comprehensive and Executive, side by side.

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Who receives what, and what the employer never receives.


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OUR APPROACH

# A panel is built around the roles you employ, not around a printed package.

## 01

### Start with the exposure

Noise, dust, vapour, heat, screen work, shift pattern and product contact each imply a different investigation. We look at the work before we look at a test list.

## 02

### Add what the record requires

Statutory examinations, fitness certification and health registers are designed into the panel from the start rather than reconstructed after the camp.

## 03

### Remove what adds nothing

A test that will not change a decision does not earn its place. We will say so, and we will take it out if your medical team agrees.

THE PACKAGES

# What each package includes

| | Essential | Comprehensive | Executive |
|---|---|---|---|
| Physical examination, vitals and history | ✓ | ✓ | ✓ |
| Complete blood count, ESR and blood glucose | ✓ | ✓ | ✓ |
| Urine routine and microscopy | ✓ | ✓ | ✓ |
| Chest X-ray (PA view) and ECG | ✓ | ✓ | ✓ |
| Vision and colour vision screening | ✓ | ✓ | ✓ |
| Audiometry — pure-tone screening | ✓ | ✓ | ✓ |
| Pulmonary function test (spirometry) | ✓ | ✓ | ✓ |
| Doctor consultation on the day of the checkup | ✓ | ✓ | ✓ |
| HbA1c and thyroid function (TSH) | - | ✓ | ✓ |
| Lipid profile, liver and renal function | – | ✓ | ✓ |
| Vitamin and hormone profile | – | – | ✓ |

*Package contents are a starting point. The final list is agreed with your medical and HR teams before anything is scheduled.*

PACKAGE DETAIL · 01

# Shop-floor annual fitness examination

For production, packaging, warehousing, maintenance and any role with a defined physical or environmental exposure.

## Clinical examination

Occupational and medical history; height, weight, BMI, pulse, blood pressure; systemic examination; skin, hand and nail inspection; ENT and throat examination; signed fitness opinion.

## Laboratory

Complete blood count with ESR, blood glucose, urine routine and microscopy; stool routine, microscopy and culture for product-contact roles.

## Functional and imaging

Chest X-ray (PA view), ECG, pulmonary function test, vision and colour vision, pure-tone audiometry.

## Doctor consultation and certification

Findings explained on the day, fitness certificate signed by a registered medical practitioner, referral advice where needed.

## Why the shop-floor panel differs

Hearing and lung function are the two things an employer is least able to defend years later without a documented series. Audiometry and spirometry are therefore standard here rather than optional, and every result is filed as part of a surveillance record rather than a one-off screening.

PACKAGE DETAIL · 02

# Office and management health check

Built around the risk profile of a largely sedentary population, rather than a copy of the shop-floor panel.

## Clinical

- Medical and lifestyle history
- Height, weight, BMI, waist circumference
- Pulse and blood pressure
- Systemic examination
- Cardiovascular risk assessment

## Laboratory

- Complete blood count with ESR
- Fasting blood glucose and HbA1c
- Complete lipid profile
- Liver and renal function
- Thyroid function (TSH)
- Urine routine and microscopy

## Functional & imaging

- ECG
- Chest X-ray, PA view
- Distance, near and colour vision
- PFT and audiometry where the role involves plant access

*The line between plant and office is rarely clean. Supervisors, QA staff, engineers and managers who spend part of the week on the floor may need elements of both — we agree the allocation rule with your HR and EHS teams at the site visit rather than imposing one.*

PACKAGE DETAIL · 03

# Pre-employment medical examination

Conducted for new joiners through the year rather than at the annual camp. Two purposes: establishing fitness for the role, and establishing the baseline against which every future examination is read.

*The baseline is the part that gets underestimated. A pre-employment audiogram is what allows a later shift in hearing threshold to be attributed — or not attributed — to workplace noise. Without it, a claim years later is very hard to answer.*

## What it contains

### The relevant annual panel

Shop-floor contents for production roles, office contents for admin roles.

### Baseline audiogram

Recorded explicitly as a baseline, not simply as a first result.

### Baseline spirometry

The same logic for lung function, for any role with an airborne exposure.

### Role-specific fitness assessment

Assessed against the job description rather than a generic fitness statement.

### Entry in the health register

The record opened at joining and carried forward through every later cycle.

*Delivered at scheduled intervals at your premises, or individually at our facility.*

SECTOR DETAIL

# Food, beverage and brewing sites

Production, packaging, cellar and canteen roles carry exposures the standard annual panel does not fully cover.

## Food-handling and product-contact

- Stool routine, microscopy and culture
- Typhoid serology
- Typhoid vaccination and register entry
- Hepatitis A screening and vaccination
- Skin, hand and nail inspection
- Chest X-ray — tuberculosis screening
- Fitness clearance after infectious illness

## Plant, packaging and cellar

- Pure-tone audiometry — filling and bottling halls
- Spirometry — grain, malt and flour dust
- Confined-space and vessel-entry fitness
- Cold-store and chiller exposure review
- Vision and colour vision — line inspection
- Liver function profile
- Forklift operator fitness

## Canteen and catering

- Food-handler panel for canteen staff
- Six-monthly stool screening where required
- Typhoid vaccination status
- Skin and wound inspection

*The panel is set at the site visit — a distillery, a dairy line, a bottling hall and a cold store do not need the same tests.*

LABORATORY

# The investigations we build panels from

| | |
|---|---|
| **Haematology** | Complete blood count, ESR, blood grouping and Rh typing, peripheral smear on indication |
| **Metabolic** | Fasting and random blood glucose, HbA1c, complete lipid profile |
| **Liver and renal** | SGOT, SGPT, bilirubin, alkaline phosphatase, total protein; blood urea, serum creatinine, uric acid |
| **Hormone and vitamin** | Thyroid stimulating hormone; Vitamin D (25-OH) and Vitamin B12 available as additions |
| **Urine and stool** | Urine routine and microscopy; stool routine, microscopy and culture for product-contact roles |
| **Infection screening** | Typhoid serology, HBsAg and other markers where a role or a defined exposure justifies them |

*Panels are assembled from this menu against the roles you employ. Nothing is included to inflate a test count.*

CORE INVESTIGATIONS

# Six things every programme turns on

These are the investigations most often asked about, and the ones that carry the clinical and evidential weight.

## Lung function

Pulmonary function test — spirometry for FVC, FEV1, the ratio and PEFR. Separates obstructive from restrictive patterns and tracks change over a working life.

## Chest radiology

Chest X-ray, PA view — a single digital radiograph reported by a radiologist. Screens for pulmonary tuberculosis and occupational lung change.

## Cardiac screening

ECG resting — rate, rhythm, conduction and evidence of ischaemia. Read by the camp physician the same day.

## Visual acuity

Vision testing — distance and near acuity with colour vision by Ishihara plates. For inspection roles, screen work and driving alike.

## Hearing and noise exposure

Audiometry — pure-tone air conduction thresholds, each ear independently. The value is in the series, not the single reading.

## Clinical review

Doctor consultation — a face-to-face conversation on the day, in a private space. It is what separates a health service from a screening exercise.

*Metabolic, diabetic, renal, hepatic and haematology testing sits in the laboratory menu on the previous page, and is drawn on for every package.*

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ON SITE

# What each station needs

Approximate time per employee, and the one thing each station cannot do without.

3 min

## Registration and vitals

A desk, two chairs and the employee roster in advance

2 min

## Chest X-ray

A designated area with controlled access for the mobile unit

5 min

## Spirometry

A seated station with clear space and a power point

6 min

## Audiometry

A genuinely quiet room — ambient noise invalidates thresholds

3 min

## Phlebotomy

A seated bay with sharps disposal and cold-chain handover

5 min

## ECG

A curtained bay with an examination couch and a power point

3 min

## Vision

A clear six-metre sightline with even lighting

5 min

## Doctor consultation

A private room where a finding can actually be discussed

Audiometry is the slowest station and the camp is provisioned to keep it fed. Throughput is confirmed after a site visit rather than promised in advance.

ON INDICATION

# Additional investigations

Available as additions to any package — for a defined employee group, or triggered by a finding at the checkup.

### Vitamin D (25-OH) and Vitamin B12

Widespread deficiency; commonly added as a wellness element

### HbA1c, where not already in the panel

Impaired fasting glucose found on screening

### Treadmill test (TMT)

Cardiovascular risk stratification, or an abnormal resting ECG

### 2D echocardiography

On cardiology referral

### Ultrasound abdomen and pelvis

On clinical indication

### Mantoux / tuberculin skin test

Contact screening and specific roles

### HBsAg and hepatitis A & B vaccination

Role-based exposure risk

### PSA/PAP Smear/CA 125

Age-based screening, on consent

### Women’s health screening referral

On consent, with appropriate privacy arrangements

### Diagnostic audiometry, post-bronchodilator spirometry

An abnormal screening result that needs confirming

*We would rather present these as a menu with a stated indication than bundle them into a headline package to raise the test count.*

IMMUNISATION

# Vaccination support, properly recorded

Vaccination is administered on medical advice, and its value to an employer lies as much in the register as in the dose. We run both sides of that: the clinical decision, and the record that evidences it.

### Status verification

Existing immunisation status checked against the recommended schedule for the role, before anything is administered.

### Administration of due doses

Doses given on site by trained staff, with observation, adverse-event protocol and disposal handled to protocol.

### Inoculation register

Every dose entered against the employee record, with due dates carried forward so the next cycle is not missed.

### Contingency protocol

A written protocol agreed in advance for an outbreak situation, so the decision is not being made under pressure.

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BEYOND THE ANNUAL CHECKUP

# The rest of what we do at a workplace

Each of these can be taken on its own, or run alongside the checkup programme by the same team.

## Occupational Health Centre

A medical room set up and staffed on your premises — attending doctor, nurses and paramedics, running to written protocols.

## Emergency preparedness

Ambulance arrangement, casualty-handling protocol and rehearsed drills, written up with corrective actions.

## Training and wellness

First aid and basic life support, EHS awareness, and workshops on nutrition, lifestyle and stress management.

## Surveillance and MIS

A population view maintained across cycles, so that a trend is visible before it becomes a claim.

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DELIVERY

# What each side brings to the camp

## What we bring

- Equipment and consumables
- Technicians, nurses, phlebotomists and physicians
- Sound-treated audiometry
- Mobile digital radiography with radiation safety measures
- Sample handling and cold chain management to the laboratory
- Registration, consent and reporting system

## What we ask of you

- Covered space with privacy screening, and a quiet room for audiometry
- Earthed power points at each station, with backup supply confirmed
- Employee roster in an agreed format, in advance
- A nominated single point of contact in HR or EHS
- A shift-wise schedule released to employees in advance
- Site access and security clearance completed beforehand

*Employees move through a fixed circuit — registration and consent, vitals, phlebotomy, X-ray, ECG, spirometry, audiometry, vision, physician. Fasting samples are drawn first so nobody is held waiting.*

REPORTING

# Three outputs, deliberately separated

## To the employee

An individual report with results, reference ranges, the physician's observations and recommendations, and referral advice where relevant. This is the employee's own health information and it goes to them.

## To the employer — statutory

The examination record and fitness certification the law requires, together with the health register and inoculation record. Formatted for inspection, retained and retrievable on demand.

## To the employer — population MIS

Coverage against headcount, fitness-status distribution, prevalence of key findings by department and age band, and trend against prior cycles. De-identified throughout.

## Confidentiality by default

Consent is taken at registration in a form the employee can actually read. Individual clinical results are never routed to the employer unless the employee has consented or a statutory provision requires it, and reports are never sent through personal messaging accounts or shared drives.

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# Tell us what your workforce actually does.

We will come back with a panel, a schedule and a scope built for it — and we will tell you which parts of this catalogue you do not need.

1. A short site visit to see the work
2. A panel and schedule designed around it
3. Commercials discussed separately, once the scope is settled


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