

8 - Healthcare Policy

1. TITLE: Healthcare Policy

This policy may be called Companies' Healthcare Policy 2021. This Policy has been framed to provide best medical facilities to employees and their families till such time, company will procure the services of insurance company for the health insurance of its employees and their family members, it is important that hospitalization of employees and their families are fully covered:

2. DEFINITIONS:

In this Policy, unless there is anything repugnant in the subject or context:-

- a. **"Authorized Medical Attendant"** means Specialist / Medical Officer/ Lady Medical Officer; Part Time Medical Officer / Lady Medical Officer.
- b. **"Family"** means employee's wife / husband, unemployed legitimate and step children upto the age of 25 years and unmarried and unemployed daughters and parents residing with and dependent upon the employee. Only one wife is entitled to avail these facilities.
- c. **"Hospital"** means all WAPDA In-door / Out-door Hospitals & Dispensaries and Penal Hospital / Special Treatment Hospital.
- d. **"Medical Attendance"** means an attendance in out-patients or Indoor hospital including such pathological, bacteriological, radiological or other examinations that are considered essential by the authorized medical attendant and such consultations with a specialist on the advice of Authorized Medical Office / D.G.M.S.
- e. **"Patient"** means a company employee / deputationist from Civil Government or the Armed Forces and any other company, including any member of his / her family as defined in this policy, and to whom this policy shall apply and has fallen ill.
- f. **"Treatment"** means the use of all medical and surgical facilities available at WAPDA Hospital & Dispensaries and CMH / Penal Hospital/ Special Treatment Hospital as per entitlement and includes:
 - i. Such pathological, bacteriological, radiological or other methods as are considered necessary by the authorized medical attendant
 - ii. The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the Hospital / Dispensary,
 - iii. The supply of such medicines, vaccines, sera or other therapeutic substances not ordinarily available as the authorized medical attendant may consider essential for the recovery or for the prevention of serious deterioration in the condition of the employee,
 - iv. Such accommodation as is ordinarily provided in the Hospital.
 - v. Such nursing as is ordinarily provided to indoor patients by the Hospital and,
 - vi. The specialist consultation if considered essential by Authorized Medical

Attendant /D.G.M.S.

- vii. Dental treatment which includes treatment of alveolar (gum and jaw bone) disease, extraction of teeth, treatment for dental caries, gingivitis, pyorrhea and filling (temporary or permanent) of dental cavities including root canal treatment and scaling but does not include crowning of teeth and provision of dentures. Reimbursement of dental treatment will be single the rates of CMH if the patient avail the facility from Penal/authorized Hospital.

3. COORDINATION:

All healthcare facilities will be provided in coordination with all WAPDA Hospitals and Dispensaries working under Director General (Medical Services) being main source:-

i. AGREEMENT:

- a) WAPDA will create Medial Healthcare Company as a service provider. The Board of Directors of the Company should have at least four members out of seven from DISCOs to bring all stakeholders on board for improvement of Healthcare Facility.
- b) The services of WAPDA Hospitals and dispensaries are rendered by entering into an agreement with Director General (Medical Services) WAPDA for providing health care facilities. The terms & conditions of the agreement will be finalized with the approval of Chief Executive Officer of concerned company
- c) Companies are allowed to take on their Panel one or more Hospitals for general and specialized treatment. In big cities, patients will be referred to panel hospitals through Medical Officer/Medical Superintendent/DG M.S of WAPDA Hospital. In small cities, the patients will be referred to Panel Hospitals through Drawing & Disbursing Officer (DDO) of the area. List of such small cities will be approved by Admn. & HR Directors of the concerned companies.

ii. PAYMENTS:

- a. Companies will make payment of the medical share to WAPDA Hospital and Dispensary against their services for a financial year. "The cost of medical share will be calculated on prorated basis consisting of two components; (i) fixed cost, including establishment and O&M cost and (ii) drug and dressing cost to be calculated on the basis of total number of registered employees". The medical share will be calculated and finalized by the Finance Directorate with the consent of MS WAPDA Hospital .
- b. Reconciliation of data of registered medical facility holders at WAPDA Hospital and Allied Dispensaries under the jurisdiction of the company should be done on yearly basis.
- c. Finance Directorate of the company will present the detail of overall expenditure on healthcare facilities to BOD in its annual meeting.

4. ENTITLEMENT:

"This Policy shall apply to all serving employees including deputationist who opt for medical facility but does not include daily wages. For Contract Employees, relevant clause of contract should apply. These rules are also applicable to retired employee who opted for medical facility.

Cash medical allowance shall be admissible only to serving employees in Grade 1-15 (substantive scale) as per prevailing rates as announced by GOP under It is clarified that the employees who were in receipt of cash medical allowance in BPS-14 or BPS-15 will continue to draw cash medical allowance on grant of BPS-16 under TSU.

Employees on extraordinary leave (without pay) when it extends over six (6) months, will not be entitled to avail of these benefits unless the BOD agrees to extend the facilities in cases where illness is directly attributable to the employee's official duties.

5. GENERAL CONDITIONS:

i. REGISTRATION_OF EMPLOYEE:

Employees availing Medical Facility will register himself / herself and his / her family to nearest WAPDA Hospital / Dispensary by opening Green Book.

ii. CASH MEDICAL ALLOWANCE:

Employees in all BPS 1-15 (substantive scale) will be allowed to draw Cash Medical Allowance during leave, if otherwise admissible, except during E.O.L. when pay and allowances are not admissible.

In order to cover employees serving at far-flung areas where WAPDA Medical facility is not available Cash Medical Allowance as under in light of Federal Government Office Memorandum No.F.1(1)Imp/2010-622 dated 05.07.2010 will be given:-

- Cash Medical Allowance @ 15% of the running basic pay to the employees in BPS-16 and above of Corporate Entities, if they opt for the same.
- Cash Medical Allowance @ 15% of the running basic pay to the employees in BPS-1 to 15 of Corporate Entities, if they opt for the same. The cash medical allowance should not be less than the existing rate of Rs. 1500/- per month.

Note The employees who opt for cash medical allowance will be entitled for consultancy and indoor facilities available at WAPDA Hospitals / Dispensaries.

- Pensioners who retired/will retire in BPS1-15 @25% of net pension drawn.
- Pensioners who retired/will retire in BPS 16-21 @20% of net pension drawn.

iii. TREATMENT OF EMPLOYEE AVAILING CASH MEDICAL ALLOWANCE:

Indoor treatment in WAPDA Hospitals/Government Civil Hospitals free of charge in case of acute illness/accident (Emergencies i.e. electric shock, burn, acute heart attack/accident etc.). However, cases of electric shock / burns may be allowed for indoor treatment in Panel Hospital after the approval of MS & HR & Admn Director.

An employee in grade 1-15, who is in receipt of Cash Medical Allowance, will also be entitled to medical treatment as an outdoor patient if, in the performance of his duties, he sustains such bodily injuries as do not necessitate indoor treatment in WAPDA Hospital.

Employees drawing Cash Medical Allowance shall not be allowed any indoor / outdoor treatment / investigation / consultation on company expense except in case of acute emergency e.g. electric shock, burn, acute heart attack / accident etc, where WAPDA Hospital / dispensaries does not exist.

iv. REFERRAL OF EMPLOYEE AVAILING CASH MEDICAL ALLOWANCE:

In special / emergency cases, an Authorized Medical Attendant may refer an employee in Grade 1-15 to a Specialist and the amount paid by the employee to the Specialist on account of his fee / charges shall be reimbursable, on production of a Cash Receipt duly verified / countersigned by the Referring Authorized Medical Attendant. Any amount incurred by the employee on the purchase of medicines as advised by the Specialist, shall, however, be borne by the employee drawing Cash Medical Allowance.

v. REIMBURSEMENT OF MATERNITY CHARGES BY THE EMPLOYEE AVAILING CASH MEDICAL ALLOWANCE:

Reimbursement of Maternity Charges is allowed to the employee availing Cash Medical Allowance as per prescribed limit according to the prevailing entitlement.

a. REVISION OF OPTION

b. General

Revision of option from Cash Medical Allowance to Medical Facilities will be allowed for those cases who at a later stage desire to do so (without involvement of medical board) will be required to approach their Drawing and Disbursing Officer for notification of change of option to free Medical Facilities and issuance of a certificate to the effect that the Cash Medical Allowance has been stopped. On production of such a certificate and notification the nearest WAPDA Hospital/Dispensary will register the employee and his/her entitled dependents for provision of free Medical Facilities. Such option, once exercised, will be final and permanent. No vice versa (i.e. change from free Medical Facilities to Cash Medical Allowance) will be admissible / allowed

c. On Transfer

- i. If any employee is transferred from one station where the Medical Facility is available to another station where the Medical Facility is not available then he will

be allowed to change his option from Medical Facility to Cash Medical Allowance within one month from the date of joining. If transferred to a station where Medical Facility is available he will allowed to change his option.

- ii. No employee shall be allowed to avail medical facility at place other than place of his posting. On transfer from one station to another station, medical facility will not be provided until and unless cancellation of such facility from the station of transfer is provided and placed on relevant record. For this purpose, the Green Book maintained by Hospital/Dispensary for each employee shall be transferred to his new hospital / dispensary accordingly.

11.2 TREATMENT FACILITY

a. Outdoor Treatment

An Out Patient Department of WAPDA hospitals and Dispensaries will provide medical and allied surgical, consultation and expert opinion with diagnostics which have radiology, pathology, microbiology and other diagnostic services and/or sample collection points and pharmacy.

All employees will initially be examined by their nominated Authorized Medical Attendants. Specialists cover will also be available to the employee subject to referred by Authorized Medical Attendant / DGMS. Specialist cover will be available for emergencies round the clock.

The Medical Officers will maintain such registers and other records in respect of the patients treated by the mas the IESCO or the DGMS may direct them from time to time.

Employees will be required to carry Identity Cards with them bearing their photographs and appropriate Code Numbers. Failure to produce Identity Cards may result in Medical Facilities being refused. Family members of the employees will carry with them their "CNIC" employees and their family members CNIC / Form-B Numbers will be entered in the Treatment Book of each employee.

b. Indoor Treatment

Ordinarily, employees and their dependents will get treatment as indoor patients in WAPDA Hospitals/Dispensaries. If the patient cannot be treated in WAPDA Hospital due to non-availability of bed or non-existence of treatment of a particular disease / ailment, the DGMS / MS/Medical Officer / Part Time Medical Officer as the case may be, may refer the case to Government Civil Hospital / CMH / Penal Hospital / Special Treatment Hospital for admission and treatment. Employees drawing pay in BPS--16 and above will be entitled to receive treatment in private wards of Government / Penal Hospitals at the expense of company. Employees drawing pay in BPS 1-15 (substantive pay scale) will be entitled to treatment in 'General Wards'. The DG MS/MS/Medical Officer/Part Time Medical Officer as the case may be, may refer cases other than Government Civil Hospital in exceptional

circumstances, i.e. in cases of accidents where this is unavoidable or where admission in a non-Government Hospital is necessary as a life saving measure. In such cases all the obligatory charges incurred by the patients in that Hospital will be reimbursed by company, except charges for diet, extra bed and other optional amenities. Patients desirous of going to CMH or any other non-Government Hospital will do so, if permitted by the Authorized MS / Medical Attendant in case of out stations and in such cases, reimbursement will be allowed. If any patient seeks admission in a Hospital other than Government Civil Hospital, at his own option, i.e. without the concurrence of the DGMS/MS/Medical Officer/Part Time Medical Officer as the case may be, he will not be allowed any reimbursement of the expenditure incurred by him on his treatment.

Note-1: Referral to Penal Hospital will be made through Performa duly signed by the Medical Officer & Medical Superintendent WAPDA Hospital

In small cities, the patients will be referred to Panel Hospitals through Drawing & Disbursing Officer (DDO) of the area. List of such small cities / Penal Hospitals will be approved by the Chief Executive Officer of the company.

Note-2: Free food will be provided in WAPDA Hospital to employees and Government servants serving on deputation and their dependents as defined above, drawing pay in BPS- 1 to BPS-11.(

Note-3: If blood transfusion is considered essential by the Physician / Surgeon Incharge, the cost of blood purchased including the cost of bag / bottle, will be reimbursed at the prevalent market rate provided the receipt is countersigned by the DGMS / Medical Officer and he/she certifies that the rate being charged is in conformity with the prevalent market rate. The fee for blood grouping and matching will be reimbursed at the Government Hospital rates. The reimbursement of fee for blood grouping will be admissible only once in a hospitalization case.

Note-4: Air-conditioning charges in respect of patients admitted in private rooms of Government Hospitals including CMH will be reimbursed to the officer / employees BPS 16 and above

Note-5: If a hospital has two types of room with different rents, the employee in BPS-19 and above (and their dependents) will be eligible to occupy the room with the higher rent and all other employees and their dependents will be eligible to occupy the room with lower rent.

Note-6: "Patients desirous of going abroad under their own

arrangements for medical treatment may do so if recommended by Central Medical Board and in such cases, reimbursement in local currency will be limited to the extent as the treatment would have been availed in Government Hospitals of Pakistan."

In the case of patients entitled to treatment in private wards of hospitals, when a composite lump sum is levied by an institution, as an inclusive charge to cover medical, surgical and nursing charges (including diet and accommodation charges etc.) which cannot be specified separately, 20 percent of such a sum will be taken as representing diet charges to be borne by the patient and the balance of 80 percent as representing the medical/ surgical charges etc. to be borne by company however in case of treatment at Penal Hospital, above said payment will be made according to the MOU.

c. Pathology / Lab Test Services

Such pathological, bacteriological, radiological or other methods as are considered necessary by the authorized medical attendant will be provided at WAPDA Hospital / Dispensaries initially, however Medical Attendant may refer a patient to Private Clinical Laboratory, if he consider necessary.

d. Supply of Medicine.

The supply of medicines will continue from WAPDA Hospital as per Green Slip and for other general medicines.

11.3 REIMBURSEMENT OF MEDICAL CLAIM

(A) REIMBURSEMENT OF COST OF MEDICINE

Medicines prescribed by the medical officers but not supplied from the WAPDA Dispensary will be obtained from the approved Chemists. If a medicine which includes protective and curative vaccine/sera, is not available with the Chemists, employees will be permitted to purchase it from a chemist on proper cash receipt and the expenditure thus incurred will be reimbursed, subject to verification Director-General Medical Services / Medical Superintendent/ Medical Officer/Authorized Medical Officer.

Limit of reimbursement of medicine be enhanced as under: -

(i) Where the Medical Facility Exists.

Upto 01 month running basic pay of the employees.

(ii) Where the Medical Facility Does Not Exist.

Upto 03 month running basic pay in a financial year.

Note-1: There will be no restriction on reimbursement for treatment of

chronic diseases as determined by the board.

Note-2: In case husband and wife (both) are employees, then reimbursement will be dealt separately according to the above limits.

(B) REIMBURSEMENT OF LAB CHARGES

Arrangements have been made for pathological laboratory test and X-rays in WAPDA Hospitals. The employees referred by DGMS / Authorized Medical Attendant for a pathological laboratory test and X-rays etc. performed in other laboratories will get their receipts verified from DGMS / Authorized Medical Attendant and the expenditure incurred will be reimbursed by the competent authority as laid down in the Book of Financial Powers for DISCOs, which will not be reimbursed from the basic pay limit of the employees.

(C) REIMBURSEMENT OF CONSULTATION FEE

Authorized Medical Attendant will provide consultation facility at WAPDA Hospitals / Dispensaries, however he may refer a patient to private Doctor

/ Specialist for his opinion and employee will get receipts verified from DGMS / Authorized Medical Attendant and the expenditure incurred will be reimbursed by the competent authority as laid down in the Book of Financial Powers for DISCOs, which will not be reimbursed from the basic pay limit of the employees.

(D) REIMBURSEMENT OF HOSPITALIZATION

The claims of the patients referred to Private hospitals by WAPDA Medical Services be reimbursed twice @ the rates of CMH for similar treatment. In case of chronic diseases, actual expenditure incurred in private hospitals be reimbursed. The nature of case to be a chronic one be determined by the Medical Board.

(E) REIMBURSEMENT OF MATERNITY CHARGES

The revised maternity charges are as under:-

- a) Rs.20,000 for normal delivery in Hospital.
- b) Rs.50,000 in C. Section cases
- c) Rs.5,000/- if delivery is conducted at residence of the employee (i.e. through midwife).

Note 1. Twin / Multiple deliveries shall constitute and be considered as single delivery for the purpose of reimbursement irrespective of the fee received by the attending Lady Doctor / Midwife.

Note 2. Reimbursement of the cost of maternity cases will not be admissible in respect of spontaneous or legal abortions,

miscarriages and still births, except when delivery is conducted in WAPDA Hospital/Government Hospitals on proper reference from the authorized Medical Officer.

Note 3. Reimbursement of charges of normal / caesarean delivery cases conducted in a Government Hospital will be admissible according to entitlement. If an employee gets the normal / caesarean delivery case conduct Edina hospital other than Government Civil Hospital, reimbursement will be admissible at Govt. Civil Hospital rates according to entitlement. Reimbursement will be limited to cost of medicines and will not include items of normal labour room / theatre items like needles, sutures etc.

Note 4. In cases where delivery is conducted at home and the employee is entitled to reimbursement of charges (subject to production of necessary documents including a birth certificate issued by a Municipal Corporation / Municipal Committee / Notified Area Committee / Town Committee / Union Council concerned) no medicines will be issued at IESCO's cost during seven days after delivery, as reimbursement of delivery charges cover the cost of medicines used during this period.

Note 5. Reimbursement of normal deliveries in Hospital will be limited to a maximum amount of Rs.20,000 including fee and medicines etc. For caesarean and other complicated cases, the maximum amount will be Rs.50,000.

Note 6. Reimbursement for ante-natal/post-natal visit fees will be allowed for only one ante-natal and one post-natal visit.

Note 7. Bills will be entrained on original Cash Receipt of treating hospital instead of tickets.

Note 8. Attested copies of the UC Birth / Form-B issued by the NADRA should be attached with the maternity claims.

(F) MISC. REIMBURSEMENT

- i. Reimbursement of implants such as Drug Eluting Stents Intraocular Lens, Knee Implants / Prosthesis etc are allowed after MOU with the concerned companies.
- ii. Full Medical facility for disabled/ chronically ill children of employees.
- iii. Reimbursement for the dental treatment will be twice the rates of CMH.

(G) ADVANCE FOR NON-FATAL ACCIDENTS

In case of non fatal accident, if medical facility of specific treatment is not available in WAPDA / Panel hospital, the concerned Drawing & Disbursing Officer (DDO) should arrange advance payment immediately for treatment at Private Hospital / Non-panel hospital to be adjusted later on with the approval of competent authority.

11.4 PROCEDURES REGARDING MEDICAL BOARDS / CATEGORIZATION / INVALIDMENT

(A) General

(a) Convening of Medical Boards

- i The competent authority shall require an employee suspected to be suffering from a mental or bodily illness which is likely to render him permanently incapable of discharging his official duties, to have himself examined by the respective Medical Board. Failure to appear before the Board will make the employee liable to action under the E&D Rules applicable to him.

The Medical Boards will normally be assembled under orders of the Director General Medical Services, Medical Superintendents of WAPDA Hospitals or Medical Superintendents of Government Hospitals as per written directions of Director-General Medical Services.

- (b) The Medical Superintendent of a hospital will be the President of the Medical Board unless directed otherwise.
- (c) The President of the Board will ensure that all formalities are completed.
- (d) As far as possible, the Specialists concerned and the Medical Officer Incharge of the case will not be the Members of the Board and in no case will either of them act as President of the Board.
- (e) Local boards be constituted for Cardiac Surgical procedures except Intra-Cardiac Implants, grant from Welfare Fund, haemodialysis, PET Scan.
- (f) Drugs such as medicines for treatment of Hepatitis B & C erythropoietin, haemodialysis, be empowered to local boards

Approval of Medical Board Proceedings

The proceedings of all Medical Boards will be approved by the Director-General Medical Services / Medical Services, except the following cases where Medical Superintendent of the Regional Group will also be the approving authority

- i) Categorization, re-categorization in category A,B, & C, leave on medical grounds (Category DEE) upto 60 days.
- ii) Coronary Angiography
- iii) Radiotherapy at Govt. Autonomous Hospitals / or at the rates of Govt. Autonomous Hospitals

(B) A Medical Board will normally be assembled for the following purposes

- a. For initial recruitment;
- b. For-medical categorization/ re-categorization;
- c. For invalidment out of service; and
- d. For re-assessing percentage of disability of those invalided out.
- e. For referring the matter to Central Medical Board for Treatment Abroad

(C) Declaration of Disability /Fitness

Declaration of Disability / Fitness will be made with the assessment / recommendations of Medical Board consist of the following Members: -

- | | | |
|-----|------------------------------|----------|
| (1) | Medical Superintendent | Convener |
| (2) | Concerned Medical Specialist | Member |
| (3) | Surgical Specialist | Member |

(D) Leave on Medical Certificate

- (a) Medical Board will recommend leave on Medical Certificate under the following conditions:-
 - (1) After recovery from major illness or injury.
 - (2) In excess of the period required for full recovery.
- (b) In case where leave on Medical Certificate exceeding one month is considered necessary, the Medical Board (as constituted by Director- General Medical Services) will record the proceedings in triplicate.
- (c) Leave on Medical Certificate will not be recommended unless:-
 - (1) Such leave is absolutely necessary and there is reasonable chance of the Officer/Official becoming fit and resuming duty at the end of his leave in medical category A, B or C.
 - (2) The individual's health and morale would benefit by period of leave at his home rather than by a corresponding period in service on light duty.
 - (3) The employee requires further medical supervision or treatment
- (d) In case an employee is admitted in a hospital at a station other than

the station of his / her posting, if recommended sick leave, he / she will be directed to proceed on leave from hospital after obtaining approval of his / her department concerned by quickest means. Leave sanctioning authority will be the employees parent executive head and not Medical Superintendent/Medical Board.

- (e) After the expiry of leave on Medical Certificate, the individual will report back to his/her respective department but will not be allowed to resume duty till certified to be fit for duty by the Authorized Medical Officer.
- (f) The grant of leave to the employee in such cases will be regulated according to the Leave Rules applicable to him

(E) Subsequent Board

At the expiry of period of down categorization another Medical Board will be held as soon as possible and the employee re-categorized in accordance with the standards laid down. Board proceedings will be recorded in triplicate as under:

- a. For down grading medical category.
- b. For upgrading medical category.

The Board proceedings will be submitted for approval to the Director-General Medical Services / Medical Superintendent and after his approval the result will be communicated to the employee concerned

(F) Procedure for Categorization / Invalidment

- i. General
- ii. Procedure
- 1. Medical Board proceedings will be recorded in triplicate as under:
 - (i) Initial Medical Board:
 - (ii) Subsequent Medical Board, if necessary
 - (iii) Medical Board proceedings submitted for confirmation by the Director General Medical Services when received back, will be disposed off.
- 2. After the receipt of proceedings of the Medical Board duly approved by the Director-General Medical Services / Medical Superintendent, the department concerned will inform the employee regarding his/her present medical category.
- 3. After an officer/official has returned to his/her duty in temporary medical category B or C.

The department concerned where the employee may be serving, will request the Director General Medical Services / Medical Superintendent WAPDA to arrange medical board, 2 weeks prior to the termination of the period for which the

employee has been down categorized

(G) Disposal of Documents

Medical Board forms will be prepared in triplicate by the Board and sent to the Director-General Medical Services / Medical Superintendent for approval/confirmation. If the Director-General Medical Services agrees with the opinion of the Board, he will endorse the form accordingly and return the documents to the Medical Superintendent / Medical Officer concerned, who will then forward two copies of the forms to the department to which the employee belongs for necessary action.

(I) Medical Board –Invaliding

When it is considered by the Specialist concerned that the officer/official will not be fit in any medical category even after proper/ necessary treatment, action will immediately be initiated to invalid him/her out of service: A statement of the case along with opinion of the specialist concerned and relevant medical documents will be prepared and submitted to Director General Medical Services by Medical Superintendent / Medical Officer. Invaliding Medical Board will then be convened if so ordered by the Director-General Medical Services. The invaliding medical category will be Category 'E'.

11.5 (A) SCHEDULE OF MEDICAL CATEGORIES

Medical Condition

Medical Category	Physical Categories	Fitness for Duty
A.	(i) Capable of enduring severe physical exertion commensurate with the age (ii) Disability, if present, is of minor nature as can be completely cured or adequately compensated by artificial means, i.e. normal standard of health and strength has been achieved (iii) Visual standard 1, 2, 3, or 4 (iv) Hearing standard 1 or 2	Fit for general service
B.	(i) Capable of undergoing physical exertion not involving severe strain (ii) Disability, if present, is of minor nature as can be fully cured or adequately compensated by artificial means (iii) Visual standard 5 or 6 (iv) Hearing standard 3	Unfit for Field service but fit for all ordinary duties in offices.
C.	(i) Capable of undergoing mild physical exertion only (ii) Marked physical disability or evidence of past disease (iii) Visual standard 5 or 6 (iv) Hearing Standard 3	Unfit for categories 'A' and 'B' but fit for administrative or sedentary duties or other selected employment
D.	-	Employees who are under medical care. e.g.

Note: During initial medical examination particular note will be made of the following:

- (a) Blood pressure, Heart and Lungs.
- (b) Hernia, Hydrocele or piles.
- (c) Full movement of all the joints.
- (d) No evidence of previous acute or chronic illness pointing

to an impaired constitution.

(B) VISUAL AND HEARING STANDARDS FOR OFFICERS/OFFICIALS

The examination for determining the acuteness of vision includes two tests, one for distant, the other for near vision. Test types/snellen's test types or the accepted standard letter presented by various methods as made available from time to time either by a machine, slide projector or by Roller self rotating etc. will be used to test and record distant vision without glasses at a distance of six meters or twenty feet whereas the test for near vision will be done by standard near vision charts such as Jaeagein English or its equivalent in Urdu etc. placed at a distance ranging between 10 to 15 inches from reader's eyes. When recording visual acuity for distant or near vision the following important points must be forced:-

- a. Accurate distance between the reader and the test type prescribed above.
- b. Accurate lighting or illumination must be ensured, both for distant test types as well as for near test types. The test types must be uniformly illuminated with light equivalent to not less than 10 candles and not more than 15 candles. The light should be so arranged that the candidate is not subjected to the dazzling effect of direct light or glare.
- c. Each eye should be examined separately and the other must be covered completely.
- d. Squinting, squeezing of the eye and movements of the up and down or side to side must not be allowed and eye examined must be widely open.
- e. Test types should be rotated and presentation changed frequently so as to ensure that advantage of memorization of particular chart are nullified.
- f. Candidates who wear glasses must first be examined without glasses and then with glasses and the vision recorded accordingly both for distant as well as for near vision. The standards of visual acuity 1 to 7 are enumerated in detail below which will form a standard guide placing an individual in appropriate category.

VISUAL STANDARD - I		REMARKS
Distant Vision	6/6 in one eye and 6/9 in the other without glasses	a. Manifest thypermetropia in each eye without any midriatic should not exceed 2.50 Dioptres

Near Vision	Minimum of J1 in one eye and J2 in the other without glasses	b. In the case of compound hypermetropic Astigmatism from a total of 2.50 Dioptres (the maximum allowed) not more than one dioptre should be due to Astigmatism c. Myopia or Myopic Astigmatism should not exceed 0.75 Diopters in the worst eye d. Field of vision must be full
VISUAL STANDARD-II		REMARKS
Distant Vision	Without glasses 6/9 in one eye and 6/12 in the other or 6/12 and 6/36 correctible to 6/6 and 6/24 with glasses	a. Hypermetropia or Hypermetropic Astigmatism in the worst eye under homatropine should not exceed 5.0 dioptres, the astigmatic error should not exceed 2.0 dioptres.
Near Vision	Minimum of J1 in one eye and J7 in other with or without glasses	b. Myopia/Myopic Astigmatism in the worst eye should not exceed 2.0 Dioptres. c. No squint is obviously visible in the worst eye. d. Field of vision must be full
VISUAL STANDARD-III		REMARKS
Distant Vision	Without glasses not below 6/60 in each eye correctible to at least 6/9, 6/12 or 6/6 and 6/24 with glasses	a. Hypermetropia/Hypermetropic Astigmatism under Homatropine should not exceed (6.0) six dioptres. b. Myopia/Myopic Astigmatism must not exceed 2.5 Dioptres. c. No squint should be visible when glasses are worn. d. Fields of vision must be full

Near Vision	Minimum of J2 in one eye and J7 in the other with or without glasses.	
VISUAL STANDARD-IV		REMARKS
Distant Vision	Not below 6/12 in one eye and 6/36 in the other with corrected glasses.	a. Hypermetropia/Hypermetropic Astigmatism should not exceed five dioptries in the better eye. b. Myopia/Myopic Astigmatism must not exceed six Dioptries.
Near Vision	Minimum of J2 in one eye and J7 in the other with glasses.	c. No squint should be visible when glasses are worn. d. Field of vision must be full
VISUAL STANDARD -V		REMARKS
Distant Vision	Not below 6/12 in one eye and not less than 6/60 in the other with corrected glasses	a. Hypermetropia/Hypermetropic Astigmatism should not exceed 5.0 dioptries in the better eye.
Near Vision	Minimum of J3 in one eye and less than J10 in the other with glasses.	b. Myopia present in each eye should not exceed seven dioptries. c. Field of vision must be full
VISUAL STANDARD - VI		REMARKS
Distant Vision	6/18 in one eye and less than 6/60 in the other with glasses.	a. Hypermetropia/Hypermetropic Astigmatism present in the better eye should not exceed 7.0 dioptries

Near Vision	Minimum of J3 in one eye and less than J10 in the other with glasses.	<p>b. Myopia/Myopic Astigmatism should not exceed 7.0 dioptries in the better eye.</p> <p>c. Field of vision in the better eye should be at least 75 percent of normal in the better eye by appropriate tests on instruments.</p>
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VISUAL STANDARD - VII

Vision below standard I to VI

Note.-The meaning of word glasses wherever used above is to be interpreted as not covering "Contact lenses/Glasses"

The following additional points will also be observed:

- a. Cases of operated cataract in both eyes who can attain a satisfactory degree of visual acuity and visual judgement for distance as well as for near should be placed in categories B or C according to the vision obtainable with corrected glasses as laid down in the various, visual standards. (Hypermetropia caused due to Aphakia will be disregarded). Cases of operated cataract and those who have less than fifty percent of their field of vision can be placed in a lower category only if their job does not endanger their own physical or visual security or does not prove an unnecessary risk to others around. Cases of unocular Aphakia without any complications and when the other eye has normal unaided vision (6/6 to 6/9) without cataract are to be placed in category BEE or CEE but in exceptional circumstances may be considered for higher category on the recommendation of an ophthalmologist.
- b. Those individuals who have unequal vision in the two eyes (An isometropia) whatever the cause may be, may use contact glass or lens to improve their vision. Their visual assessment should, however, entirely depend on the visual efficiency so achieved and their categorization will be done in each individual case on its own merits.
- c. Those individuals who are highly qualified and are required to be taken into IESCO service in well skilled and technical jobs may be considered for employment according to the categorization and standards applicable to serving officers/officials.
- d. **Assessment of Corneal Opacities.**
A small corneal opacity which is not obviously visible, is not centrally located, is non-progressive and does not interfere significantly with vision may be ignored and such individuals can be recruited or retained

in Category AYE. However, opacities larger in size and visible to the naked eye lying in and around the central pupil- lary exist thus interfering with vision, are a bar for acceptance in the service while those who sustain such opacities while in service may be down categorized according to their job and the relationship of visual deterioration.

e. Squint and Heterophobia.

Obvious squint is a bar to acceptance in service while latent squint of a moderate degree due to heterophoria is acceptable as category AYE. Serving individuals who develop squint or are detected to individual may be downgraded.

f. Color Vision.

The examination of color vision should be carried out in each case by Ishihars Isochromatic plates or the standard color perception Lanterns. Defective color vision is not a cause for rejection except for Drivers. The result of color perception must, however, be noted on the examination form.

g. Diseases of the Eyes.

Any morbid condition of the eye lids, addenxa, media or Fundi which is such that it is likely to interfere in the efficiency of the individual and also become aggravated by service conditions is a cause for rejection for intake into the service. For serving employees such morbid pathology would be dealt with by referring them to a Specialist in Ophthalmology for evaluation, treatment and categorization as and when necessary.

(C) HEARING STANDARDS

Standard- 1 A man can hear a soft whispered voice at a distance of 20 feet with each ear.

Standard- 2 A man standing with his back to the examiner and using both ears hears whispered or forced whispered voice from 10 feet.

Standard- 3 A man can hear conversational voice at a distance of 10 feet when standing with his back to the examiner and using both ears.

Standard- 4 A man cannot hear conversational voice with his back to the examiner and using both ears from within 10 feet (Category 'E').