

PERIODICAL MEDICAL EXAMINATION FORM

Occupational Health Center, _____ Industries Ltd., _____ halli (V&P), ____ (T&D)

COMPANY
LOGOSl no• DateName• Mobile numberAge/Sex• Previous occupations: Please fill beolwDate of birth

Company name	Designation & Department	Duration

Father nameContractBlood group• Current job description**Any medical problems now**

.....

Did you have these diseases before?

[Tick ✓ or x]

TB	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>
Asthama	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	CNS & Psychiatric disease	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Vertigo, Acrophobia	<input type="checkbox"/>

Any other medical problems :-

Personal historySmoking Alcohol Tobacco Any other _____**Family history**

TB/Asthma/Hypertension/Diabetes/Seizures/ _____

Any other**Obstetric history**

Certified that the particulars given by me in the foregoing above are true, complete and correct to the best of my knowledge and belief.

• Signature of the candidate

General physical examination

Height _____ cm Weight _____ Kg

BP _____ mmHg Pulse _____ /min

Pallor, Icterus, Clubbing, Lymphadenopathy, Edema, Cyanosis _____

Musculo-skeletal disabilities: _____

Systemic examination

Cardio vascular system	O/E did you find normal first and second heart sounds and no murmurs? If 'NO' give details :							
Respiratory system	O/E did you find normal vesicular breath sounds & no added sounds? If 'NO' give details :							
Abdomen	O/E did you find soft, non tender abdomen with no hepato/splenomegaly? If 'NO' give details :							
Central nervous system	Cranial nerves : Motor and sensory :							
Genito Urinary System								
ENT and Oral examination								
Skin								
Eye & Vision test	Without glasses				With glasses			Power of glasses
	VA	DV	NV	CV	VA	DV	NV	
	Right				Right			
	Left				Left			
	Any other findings in the eye:							
Investigations								
Blood tests	CBC:			ESR				
	Fasting blood sugar			PPBS				
Blood tests	Liver function tests			Blood Urea				
	Lipid Profile (Fasting)			Sr. Creatinine				
Urine tests	Routine:-							
Chest X Ray								
PFT								
Audiometry								
ECG / TMT (TMT only for candidates aged >45y)								

Comments:

● Signature of medical officer