

PERIODICAL MEDICAL EXAMINATION FORM

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

**COMPANY
LOGO**Sl no• DateName• Mobile numberAge/Sex• Previous occupations: Please fill beolwDate of birthFather nameContractBlood group• Current job description

Company name	Designation & Department	Duration

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: <div style="text-align: right;">● Signature of medical officer</div>									