

MEDICAL EXAMINATION REPORT

Name of the candidate..... Date of Examination.....

A. GENERAL PHYSICAL EXAMINATION:

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|--|--|
| 1. Age :..... | 2. Apparent: |
| 3. Built: Thin/Medium/Heavy | 4. Nutrition : Adequate/Inadequate |
| 5. Height:.....cms | 6. Weight :.....kg |
| 7. Chest Normal :.....cms | 8. Chest Expanded :.....cms |
| 9. Abdominal Girth :.....cms | 10. Pulse Rate/Volume/Rhythm :...BPM |
| 11. Blood Pressure :.....mmHg | 12. Skin/Hair/Nails :..... |
| 13. Lymph Nodes (Cervical/Axillary/Inguinal : significantly palpable/non palpable) | |
| 14. Pallor : Present/Not Present | 15. Pedal Oedema : Present/Not Present |

B. SYSTEMIC EXAMINATION :

- | | |
|--|---------------------------------|
| 1. Eye (External) :..... | 2. Vision : RE/LE |
| 3. Fundus Examination :..... | 4. HMF: |
| 5. Neurological Examination:..... | 6. Ear/Nose/Throat/Dentition : |
| 7. Cardiovascular System :..... | 8. Respiratory System:..... |
| 9. Liver/Spleen: Palpable/Non-palpable | 10. Bones/Joints/Muscles :..... |
| 11. Hernia/Hydrocele/Varicose Veins : | |
| 12. Obstetric History/Gynaecological Exam.:..... | |

C. ANY LOCOMOTOR/HEARING IMPAIRMENT/VISUAL/NEUROLOGICAL DISABILITY :

D. LABORATORY INVESTIGATIONS:

- | | |
|-----------------------------------|--|
| 1. Haemoglobingm % | 2. Blood Sugar FastingPP.....mg% , HbA1c |
| 3. LFT | 4. KFT..... |
| 5. Lipid Profile | 6. HBsAg |
| 7. Anti-HCV | 8. Urine R/E :.....Urine M/E..... |
| 9. Chest X-Ray PA View :..... | 9. E.C.G.: |
| 10. Ultrasonography Abdomen | |

Remarks of Examining Medical Officer :

MEDICAL OFFICER

CHIEF MEDICAL OFFICER