W.U.S. HEALTH CENTRE UNIVERSITY OF DELHI DELHI-110007

APPLICATION FOR MEDICAL EXAMINATION FOR FRESH/RE-EMPLOYEMENT/ COMMUTATION OF PENSION

The following document/test reports from University of Delhi empanelled Hospital(s) are being submitted for medical examination:

1.	Complete Blood Count	2.	Blood Sugar-	3.	LFT	4.	KFT
			Fasting/P.P./HbA1c				
5.	Lipid Profile	6.	HBsAg	7.	Anti - HCV	8.	Urine – Routine
							Examination/ME
9.	Chest X-Ray PA View	10.	Recent E.C.G.	11.	Ultrasonography	12.	Vision Report
					Abdomen		RE/LE
13.	Fundus Examination			•		•	

- Copy of appointment letter for employment/re-employment/Commutation of pension
- Two recent passport size photographs

Note: Clinico-pathological investigations are to be performed from any Govt./University of Delhi approved Hospital(s) or Diagnostic Centre.

(To be filled by the Candidate) Have you ever changed your name? : Yes/No, If yes, then your maiden name 5. Marital Status: Married/Single 6. Vegetarian/Non-Vegetarian 7. Do you smoke ? : Yes/No 8. Do you take Alcohol?: Yes/No 9. When were you immunized against the following diseases: COVID – 19 Typhoid Hepatitis-B..... 10. Are you suffering from Hypertension, Diabetes Mellitus, Chronic Kidney Disease, Cancer (Kindly, attach the relevant documents) 11. History of Surgery, Hospitalization (Kindly, attach the relevant documents) 12. Any other information about your health :..... 13. Is your Father suffering from any disease?:.... 14. Is your Mother suffering from any disease? :..... 15. Permanent Address: 16. Cell Phone No.:....

MEDICAL EXAMINATION REPORT

Name of the candidate	Date of Examination				
A. GENERAL PHYSICAL EXAMINATION	<u>N</u> :				
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 :ems	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. <u>SYSTEMIC EXAMINATION</u> :					
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 IMPAIR	RMENT/VISUAL/NEUROLOGICAL DISABILITY:				
D. <u>LABORATORY INVESTIGATIONS</u> :					
1. Haemoglobingm %	2. Blood Sugar FastingPPmg% , 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					

MEDICAL OFFICER

CHIEF MEDICAL OFFICER