

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

APPLICATION FOR MEDICAL EXAMINATION FOR FRESH/RE-EMPLOYEMENT/PENSIONERS

The following document/test reports are being submitted for medical examination:

1. Chest X-Ray PA View
2. Recent E.C.G.
3. Vision Report RE/LE
4. Fundoscopy Report
5. Urine/R/ME
6. Blood Sugar-Fasting/P.P./HbA_{1c}
7. ENT/Audiometric Report
8. Gynaecology Report for female candidate
9. **Copy of appointment letter for employment/re-employment**
10. **Two recent passport size photographs**

Note: Examination and clinical tests to be performed from any Govt./University of Delhi approved Hospitals and Diagnostic Centre.

(To be filled by the Candidate)

1. Name (in block letter).....Sex: Male/Female
2. Date of Birth..... College/Institution.....
3. Designation..... Department.....
4. Marital Status: Married/Single
5. Vegetarian/Non-Vegetarian
6. Do you smoke : Yes/No
7. Do you take alcoholic drink : Yes/No
8. Any games played or exercise taken regularly:
9. Immunity Status : When last immunized against:
Small Pox..... Typhoid..... Hepatitis-B.....
11. History of serious illness, operation, hospitalization :
12. Allergy, if any :
13. Any other information about your health :
14. Any illness your father is suffering from ? :
15. Any illness your mother is suffering from ? :
16. Residential Address :
17. Contact No. :

SIGNATURE OF THE CANDIDATE

MEDICAL EXAMINATION REPORT

Name..... Date of Exam.....

GENERAL PHYSICAL EXAMINATION:

- | | |
|--|--|
| 1. Apparent :..... | 2. Age : |
| 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. JVP : Raised/Not Raised | 15. Pedal Oedema : Present/Not Present |

SYSTEMIC EXAMINATION :

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

ANY LOCOMOTOR/HEARING IMPAIRMENT/VISUAL DISABILITY :

LABORATORY INVESTIGATIONS:

- | | |
|------------------------|-------------------------|
| 1. Urine R/E :..... | Urine M/E..... |
| 2. Haemoglobin :..... | Gms % |
| 3. Chest X-Ray : | 4. Blood Sugarmg% |
| 5. E.C.G. :..... | |

Any special Investigation(s) :

Remarks of Examining Medical Officer :

MEDICAL OFFICER

CHIEF MEDICAL OFFICER