

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

**APPLICATION FOR MEDICAL EXAMINATION FOR FRESH/RE-EMPLOYMENT/
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-Fasting/P.P./HbA1c	3.	LFT	4.	KFT
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 Whole Abdomen	12.	Vision Report 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)

1. Name (in block letters).....Gender: 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 Alcohol: Yes/No

8. Any games played or exercise taken regularly:

9. When were you immunized against the following diseases :

COVID – 19 Typhoid..... Hepatitis-B.....

11. History of serious illness, surgery, Hospitalization :

12. Allergy, if any :.....

13. Any other information about your health :.....

14. Is your father suffering from any illness ? :.....

15. Is your mother suffering from any illness? :.....

16. Residential Address :

17. Cell No. :.....

SIGNATURE OF THE CANDIDATE

MEDICAL EXAMINATION REPORT

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

A. GENERAL PHYSICAL EXAMINATION:

- | | |
|--|--|
| 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. JVP : Raised/Not Raised | 15. Pedal Oedema : Present/Not Present |

B. 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. Obstetric History/Gynaecological Exam.:..... | |

C. ANY LOCOMOTOR/HEARING IMPAIRMENT/VISUAL 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 :..... | 9. E.C.G.: |
| 10. Ultrasonography | |

Remarks of Examining Medical Officer :

MEDICAL OFFICER

CHIEF MEDICAL OFFICER