

**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 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. When were you immunized against the following diseases :

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

9. Are you suffering from Hypertension, Diabetes Mellitus, Chronic Kidney Disease, Cancer (Kindly, attach the relevant documents)

10. History of Surgery, Hospitalization (Kindly, attach the relevant documents)

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

12. Is your Father suffering from any disease ? :.....

13. Is your Mother suffering from any disease? :.....

14. Address :

15. Cell Phone 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. Pallor : 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 Abdomen | |

Remarks of Examining Medical Officer :

MEDICAL OFFICER

CHIEF MEDICAL OFFICER