

**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. Haemoglobin
2. Chest X-Ray PA View
3. Recent E.C.G.
4. Vision Report RE/LE
5. Fundoscopy Report
6. Urine/R/ME
7. Blood Sugar-Fasting/P.P./HbA_{1c}
8. ENT/Audiometric Report
9. Gynaecology Report for female candidate
10. **Copy of appointment letter for employment/re-employment**
11. **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