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	
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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./HbA₁c 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)				
2. Date of Birth				
3. Designation				
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 PoxTyphoidHepatitis-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. :				

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			
<u>SYSTEMIC EXAMINATION</u> :				
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 :				
2. Haemoglobin :Gms %				
3. Chest X-Ray :				
5. E.C.G. :				
Any special Investigation(s):				
Remarks of Examining Medical Officer:				