



**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 Sugar .....mg% |
| 5. E.C.G. :.....           |                         |

Any special Investigation(s) :

Remarks of Examining Medical Officer :

**MEDICAL OFFICER**

**CHIEF MEDICAL OFFICER**