



KFS/HRA/HRP/02

**MEDICAL EXAMINATION REPORT**

Name of employee \_\_\_\_\_

Marital status \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Department /Division \_\_\_\_\_ Designation \_\_\_\_\_

**PART 1**

**Have you suffered from:-**

- a) Asthma \_\_\_\_\_
- b) Chronic cough \_\_\_\_\_
- c) Epileptic fits \_\_\_\_\_
- d) High or low blood pressure \_\_\_\_\_
- e) Stomach Ulcer \_\_\_\_\_
- f) Infection of urine – genital system \_\_\_\_\_
- g) Rheumatism or gaunt \_\_\_\_\_
- h) Bilhazzia etc \_\_\_\_\_
- i) Any accident or physical defect \_\_\_\_\_

**Have you had any:-**

- a) Operation done \_\_\_\_\_

b) X-ray Examination \_\_\_\_\_

c) Have you been hospitalized? \_\_\_\_\_

If yes for how long and what disease?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In case of female employees:-**

a) Are your monthly periods regular? \_\_\_\_\_

b) How many children do you have? \_\_\_\_\_

c) Are you now pregnant? \_\_\_\_\_

I do declare that the above personal statements are true:-

I authorize the Doctor to acquire any information concerning my health and allow him to examine me before I am considered for employment.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

**1) Please state condition of:-**

a) Ears \_\_\_\_\_ (b) Mouth \_\_\_\_\_

c) Tongue \_\_\_\_\_ (d) Teeth \_\_\_\_\_

e) Throat \_\_\_\_\_ (f) Eye \_\_\_\_\_

**2) Respiratory System:-**

Is there abnormality or signs and symptoms suggesting any disease of respiratory system?

\_\_\_\_\_

**3) Circulatory System:-**

Are the heart sounds normal \_\_\_\_\_

Is the heart normal? \_\_\_\_\_

Rate of pulse \_\_\_\_\_

**4) Blood Pressure:-**

a) Systolic \_\_\_\_\_

Diastolic \_\_\_\_\_

**5)** Is there any enlargement of liver or spleen \_\_\_\_\_

**6)** Is there any evidence of disease or abnormality of kidneys or urogenital organs? \_\_\_\_\_

**7** a) Albumin \_\_\_\_\_

b) Sugar \_\_\_\_\_

c) Other findings \_\_\_\_\_

**8)** Stool results \_\_\_\_\_

**GENERAL REMARKS/ RECOMMENDATION:-**

---

---

---

---

**MEDICAL OFFICER'S NAME AND SIGNATURE:**

NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

STAMP AND DATE \_\_\_\_\_