

**PRE-EMPLOYMENT EXAMINATION**  
(to be filled by the Doctor)

**GENERAL EXAMINATION:**

HEIGHT: \_\_\_\_\_ CM WEIGHT: \_\_\_\_\_ KG BMI \_\_\_\_\_  
 CHEST: INSPIRATION \_\_\_\_\_ CM. EXPIRATION: \_\_\_\_\_ CM.  
 BUILT – AVERAGE/ STRONG/ POOR  
 THROAT \_\_\_\_\_ TONGUE \_\_\_\_\_ TONSILS \_\_\_\_\_  
 TEETH \_\_\_\_\_ GUMS \_\_\_\_\_ THYROID \_\_\_\_\_  
 LYMPH NODES \_\_\_\_\_  
 ADDITIONAL FINDINGS \_\_\_\_\_

**CARDIO-VASCULAR SYSTEM:**

PULSE: \_\_\_ / MIN. REGULAR/ IRREGULAR PERIPHERAL PULSE – FELT/ NOT FELT  
 B.P. \_\_\_\_\_ mm of Hg.  
 HEART SOUND: \_\_\_\_\_  
 MURMUR, IF ANY: \_\_\_\_\_  
 ADDITIONAL FINDING (S), IF ANY- \_\_\_\_\_

**RESPIRATORY SYSTEM:**

SHAPE OF CHEST: \_\_\_\_\_  
 CHEST MOVEMENTS: \_\_\_\_\_  
 TRACHEA: \_\_\_\_\_  
 BREATH SOUNDS: \_\_\_\_\_

**GASTRO-INTESTINAL SYSTEM:**

LIVER: \_\_\_\_\_ SPLEEN: \_\_\_\_\_  
 ANY ABDOMINAL LUMPS: \_\_\_\_\_

**EXAMINATION OF EYES:**

EXTERNAL EXAM. \_\_\_\_\_ SQUINT: \_\_\_\_\_  
 NYSTAGMUS: \_\_\_\_\_  
 COLOUR VISION – NORMAL/ DEFECTIVE  
 FUNDUS (L) \_\_\_\_\_ (R) \_\_\_\_\_  
 INDIVIDUAL COLOUR IDENTIFICATION – NORMAL/ DEFECTIVE  
 DISTANT VISION (WITHOUT GLASSES)  
 RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_  
 (WITH GLASSES) RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

Date:

Signature of Examining Doctor

NEAR VISION (WITHOUT GLASSES)	
RIGHT _____	LEFT _____
(WITH GLASSES) RIGHT _____	LEFT _____
POWER OF GLASSES _____	CONTACT LENSES _____
NIGHT BLINDNESS: (NYCTALOPIA): _____	
PINK PERCEPTION TEST : _____	
<b>EXAMINATION OF EAR, NOSE &amp; THROAT:</b>	
EXTERNAL EXAM: _____	
AUROSCOPY – RIGHT _____	LEFT _____
TUNING FORK TESTS –	
RINNES TEST _____	WEBERS TEST _____
CONVERSATIONAL HEARING / WHISPERING: _____	
AUDIOMETRY(AIR AND BONE CONDUCTION) _____	
<b>GENITO URINARY SYSTEM:</b>	
HERNIA: _____	HYDROCELE/ VARICOCELE _____
CRYPTORCHIDISM _____	PHIMOSIS _____
VARICOSE VEINS _____	SIGNS OF STD _____
<b>FOR FEMALE CANDIDATES:</b>	
<b>MENSTRUAL HISTORY</b>	<b>OBSTETRIC HISTROY</b>
MENARCHE AT _____ Yrs.	GRAVIDA _____ PARA _____
LMP - _____	
MENSTRUAL IRREGULARITY, IF ANY	
<b>PELVIC EXAMINATION : (FOR MARRIED WOMEN ONLY)</b>	
VULVA: _____	VAGINA: _____ URETHRA: _____ CERVIX: _____
UTERUS: _____	ADNEXA: _____
PAP SMEAR: _____	PREGNANCY TEST _____

Date:

Signature of Examining Doctor

**INVESTIGATIONS**

**LAB INVESTIGATIONS:**

**URINE:** ALBUMIN \_\_\_\_\_ SUGAR \_\_\_\_\_  
MICROSCOPY \_\_\_\_\_ STOOL: \_\_\_\_\_

**HAEMOGRAM**

Blood Group: \_\_\_\_\_ Rh factor: \_\_\_\_\_ Hb \_\_\_\_\_ TLC \_\_\_\_\_ RBC \_\_\_\_\_  
E M B Platelets Count \_\_\_\_\_  
DLC – P L \_\_\_\_\_

**LIPID PROFILE**

Serum cholesterol: \_\_\_\_\_ S/Triglycerides \_\_\_\_\_  
HDL \_\_\_\_\_ LDL \_\_\_\_\_

**HEPATIC PROFILE**

SGPT: \_\_\_\_\_ SGOT: \_\_\_\_\_  
Alkaline Phosphatase: \_\_\_\_\_

**RENAL PROFILE**

Blood Urea: \_\_\_\_\_ S/Creatinine: \_\_\_\_\_

**METABOLIC**

Blood Sugar – F: \_\_\_\_\_ Blood Sugar – PP: \_\_\_\_\_ S/uric acid: \_\_\_\_\_  
Bleeding Time: \_\_\_\_\_ Clotting Time: \_\_\_\_\_

**OTHERS**

VDRL: \_\_\_\_\_ HIV, \_\_\_\_\_ HSbAg \_\_\_\_\_

**OTHER INVESTIGATIONS:**

X-Ray Chest \_\_\_\_\_  
Ultrasound Whole Abdomen \_\_\_\_\_  
ECG \_\_\_\_\_  
Central Nervous System \_\_\_\_\_  
Mental Status Examination \_\_\_\_\_  
Others: \_\_\_\_\_

**PULMONARY FUNCTION TEST**

	FVC	FEV 1
Predicted		
Measured		
% of Predicted		

**Remarks:**

**Date:**

**Signature of Examining Doctor**

**AUDIOGRAM**

		500	1000	1500	2000	3000	4000	6000	8000
Hearing Loss in dB	-10								
	0								
	10								
	20								
	30								
	40								
	50								
	60								
	70								
	80								
	90								
	100								
	110								
	120								
130									

Frequency in Hz

AIR CONDUCTION      BLUE LT EAR X      O RED      RT EAR  
 BONE CONDUCTION      BLUE LT EAR >      < RED      RT EAR

ADDITIONAL INVESTIGATION FOR MORE THAN 35 Yrs. OF AGE (MALE):

1. TMT
2. ECHO
3. U/S PROSTATE
4. THYROID FUNCTION TEST

Date:

Signature of Examining Doctor

**PRE-EMPLOYMENT EXAMINATION**

**Medical Certificate**

We hereby certify that Shri / Smt. / Kum \_\_\_\_\_,  
a candidate for appointment in \_\_\_\_\_,  
as \_\_\_\_\_ at \_\_\_\_\_ has been examined by us, we cannot  
discover that he / she has got any disease, communicable or otherwise, constitutional or bodily  
deformity except \_\_\_\_\_.

We do/do not consider this as disqualification for the above post as per Clause No. \_\_\_\_\_

He/ She is hereby declared, for the above post, as:

**FIT**

**UNFIT**

**TEMPORARILY UNFIT**

**Signature of Examining Doctor**

**Signature of Chief Medical Officer  
or Civil Surgeon/Authorised Medical  
Officer of Hospital**

Name:

Name:

Registration No.

Registration No.

Date:

Date:

Seal:

Seal:

**FOR USE OF SDI-B EMPANELLED DOCTOR**

Shri / Smt. / Kum \_\_\_\_\_ does/does not have any congenital or acquired defects to  
interfere in efficient performance of the duties by the candidate.

**FIT**

**UNFIT**

**TEMPORARILY UNFIT**

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

Signature of Competent Medical Authority