

MEDICAL CHECK-UP OF CONTRACT WORKERS

NAME Suresh Babu DATE OF EXAMINATION 16.05.23
 AGE 42 DOB 16.06.1981 SEX Male
 IDENTIFICATION MARKS: Mole on Stomach
 PERMANENT ADDRESS: Korathur, Tiruvallur, TN.

TREATMENT DETAILS (If currently on medications):

PAST ILLNESS / HOSPITALISATION (if any):

Please tick (Yes / No)

- | | | |
|----|-------------------------------|--|
| 1 | JAUNDICE | YES / <input checked="" type="checkbox"/> NO |
| 2 | TYPHOID | YES / <input checked="" type="checkbox"/> NO |
| 3 | VD | YES / <input checked="" type="checkbox"/> NO |
| 4 | KOCH'S / TUBERCULOSIS | YES / <input checked="" type="checkbox"/> NO |
| 5 | HANSEN'S DISEASE / LEPROSY | YES / <input checked="" type="checkbox"/> NO |
| 6 | CHRONIC COUGH | YES / <input checked="" type="checkbox"/> NO |
| 7 | INFECTIVE SKIN DISEASE | YES / <input checked="" type="checkbox"/> NO |
| 8 | SPINE PROBLEM / LOW BACK PAIN | YES / <input checked="" type="checkbox"/> NO |
| 9 | VERTIGO / GIDDINESS | YES / <input checked="" type="checkbox"/> NO |
| 10 | EPILEPSY / SEIZURES | YES / <input checked="" type="checkbox"/> NO |
| 11 | OTHER MAJOR ILLNESS | YES / <input checked="" type="checkbox"/> NO |

B.P.: 120/84
 Pulse: 80
 Height: 170
 Weight: 80 kg
 Blood Sugar: —
 Blood Group: —

O/E

- | | | | | | |
|---|-----------------------|--------------|----|--------|--------------|
| 1 | GENERAL CONDITION | } <u>NAD</u> | 6 | SKIN | } <u>NAD</u> |
| 2 | PALLOR | | 7 | R.S. | |
| 3 | NAILS | | 8 | P.A. | |
| 4 | TVS | | 9 | CNS | |
| 5 | GENITOURINARY SYSTEMS | | 10 | OTHERS | |

EYE CHECK

| | | UNCORRECTED | CORRECTED |
|-----------------|--------|--------------|--------------|
| DISTANCE VISION | RT EYE | <u>-1.00</u> | |
| | LT EYE | <u>-1.25</u> | |
| NEAR VISION | RT EYE | <u>6/6</u> | |
| | LT EYE | | |
| COLOUR VISION | NORMAL | | COLOUR-BLIND |

DOCTOR'S REMARKS:

- FIT / UNFIT FOR CONTRACTUAL WORK
- FIT / UNFIT FOR WORKING AT HEIGHTS ABOVE 2 METRES & ENCLOSED SPACES
- IN CASE OF WOMEN WORKER'S - THE WORKER IS PREGNANT / NOT PREGNANT

SIGN OF EMPLOYEE:

[Signature]

SIGN OF DOCTOR:

[Signature]

RUBBER STAMP OF DOCTOR:

DOCTOR'S REGN. NO:

Dr. Shaikh Mohd. Navid
MBBS (AFIH)
Reg. No. 2005/02/0762

FREQUENCY OF CHECK - AT LEAST ONCE IN A YEAR

VERIFIED: