

MEDICAL CHECK-UP REPORT

(Pre-employment/Periodical Examination)

Check-up date:

To

Employee Name:

Employee Code:

Working since :

Dept. Name:

Height:

Weight:

Dsgn:

Sr.No.

Age:

Sex:

Present Complaints

Present Complaints:

Family History :

Hypertention

Diebetic

Asthematic

Habits:

Allergic to:

Past

History :

M/H and O/H:

General Examination

Pulse: 70/mt

BP: / / mm of Hg

Eye:

ENT:

Skin:

Vision

Near Right Eye:

Far Right Eye:

With/Without Specs:

Near Left Eye:

Far Left Eye:

Colour Vision:

Systemic Examination

L F T:

ECG:

RS:

CVS:

GIT:

CNS:

GUS:

MS:

Pathological Examination

Test Description	Actual	Normal Range	Test Description	Actual	Normal Range
Haemoglobin:			Lymphocytes:		
Total W.B.C.:			Monocytes:		
Neutrophils:			R B C :		
Eosinophils:			P C V:		
Basophils:			E S R:		

Blood Group :

Blood Random Sugar:

upto 150mg/dl

V.D.R.L.:

HIV I and II:

HBsAg:

ADVISE:

Signature

Free from Tuberculosis, Skin and Other Communicable or Contagious Disease.
This Employee is fit for job.