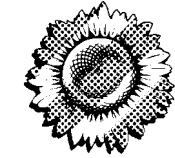


<div><div><b>WIPRO</b> <i>Applying Thought</i></div></div> <div><b>WIPRO TECHNOLOGIES</b></div> <div><div>Fix your Photograph</div></div> <div><b>HEALTH EXAMINATION REPORT</b> (CONFIDENTIAL WHEN COMPLETE)</div>				
MEDICAL EVALUATION	<b>For Doctor's use only</b> Physical fitness summary : <div><input type="checkbox"/> fit for the position<input type="checkbox"/> fit after corrective measures</div> <div><input type="checkbox"/> fit for limited duties<input type="checkbox"/> unfit for the position</div> <div>Blood Group <input type="text"/></div> <div>Remarks :</div>			
POSITION	Brief description of position and health standards :			
IDENTITY	Ref. No. / Resume No. :			
	Name :			
	Sex :	Date of Birth :	Age : Yrs :	
	Address :			
HEALTH HISTORY	Past :			
	Present :			
	For Lady candidates only Stage of Pregnancy (if applicable) :			
ENVIRONMENTAL HISTORY	Pre-employment history (home life, education etc.):			
	Employment History :			
	Habits :	Diet :	Tobacco :	Alcohol :
		Sleep :	Drugs :	
	Advocations :			

FAMILY HISTORY		If living, age & state of health		If deceased, age at death and cause			
	Father						
	Mother						
	Brothers						
	Sisters						
	Spouse						
	Children						
Check any of the following which have occurred in blood relatives : <div> <input type="checkbox"/> Allergies           <input type="checkbox"/> Diabetes           <input type="checkbox"/> High Blood Pressure           <input type="checkbox"/> Cancer           <input type="checkbox"/> Tuberculosis           <input type="checkbox"/> Epilepsy or convulsive disorder           <input type="checkbox"/> Emotional or mental disorder           <input type="checkbox"/> Others         </div>							
GENERAL EXAMINATION	Appearance : <input type="checkbox"/> Slender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Obese						
	Height :		Weight :				
	Temperature :		Pulse Rate :		BP :		
	Visual acuity	Eyes		Right	Left	Visual Field <input type="checkbox"/> Normal <input type="checkbox"/> Defective Details :	
		Distant	Without glasses				
			With glasses				
		Near	Without glasses				
	With glasses						
	Colour perception		<input type="checkbox"/> Normal <input type="checkbox"/> Defective		Details :		
	Depth perception		<input type="checkbox"/> Normal <input type="checkbox"/> Defective		Details :		
Hearing acuity (without hearing aid) :		Right Ear :		Left Ear :			
Audiometry :							
Denture :		<input type="checkbox"/> Normal <input type="checkbox"/> Defective :		Details :			

		Normal	Abnormal	Remarks
CLINICAL EXAMINATION	Head			
	Eyes (external examination)			
	Eyes (ophthalmoscopic examinations)			
	Nose			
	Ears & Drums			
	Mouth & Throat			
	Neck & Thyroid			
	Chest & Breasts			
	Lungs			
	Heart			
	Perip. Artery			
	Perip. Veins			
	Abdomen			
	Hernia			
	Genitalia			
	Anus			
	Rectum			
	Prostate			
	Extremities			
	Spine			
	Skin			
	Lymph. Node			
	Cranial Nerves			
	Sensory Perception			
	Knee / Ankle jerks			
	Gait			
	Apparent emotional state			

LABORATORY & X-RAY	Urine :	Acetone    :		Bile pigment    :		
		Albium    :		Spec. gravity    :		
		Sugar    :		Microscopic    :		
		Deposits    :		Bile Salt    :		
		Group    :	WBC    :	MONOS    :		
	Blood :	HGB    :		POLYS    :		EOS    :
		RBC    :		LYMPHS    :		BASOS    :
		Serology    :				
	Chest X-Ray					
	VACCINATION & INACULATION		YES	NO	REMARKS	
BCG						
BPT						
Polio						
Typhoid / Paratyphoid						
Tetanis Toroid						
EXAMINED BY	<div style="display: flex; justify-content: space-between;"> <div>Date : Place :</div> <div>Signature : Name    : Dr.</div> </div>					

MEDICAL ACKNOWLEDGEMENT SLIP

Note : Please submit this on the day of reporting

Name        :

Dr. Signature \_\_\_\_\_

Ref. No.    :

Seal

Previous Company Name: \_\_\_\_\_

Hospital Name : \_\_\_\_\_

Date : \_\_\_\_\_