



BHARAT ELECTRONICS LIMITED

PRE-EMPLOYMENT MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

SEX: MALE ☐ FEMALE ☐ OTHERS ☐

PAST & PRESENT MEDICAL HISTORY

(To be filled by the candidate)

1. Do you have history of any past ailment / illness? : Yes ☐ No ☐

If yes, provide details: _____

2. Are you suffering from any congenital disease? Yes ☐ No ☐

If yes, please provide details. _____

3. Do you have history of any psychiatric disease? Yes ☐ No ☐

4. Are you under any chronic medication? Yes ☐ No ☐

Declaration by candidate: The above information provided by me is true and if at any stage it is found that I have disclosed false information my employment is liable for termination.

Signature of the candidate

Date: _____

RECORD OF MEDICAL EXAMINATION

(To be carried out and duly certified by any Registered Medical Practitioner)

NAME OF THE CANDIDATE: _____

1. General Development: Good Fair ☐ Poor ☐

2. Nutrition: Thin ☐ Average ☐ Obese ☐

3.

Height in cms	
Weight in kgs	
Pulse Rate	
Heart Rate	
Blood Pressure	Systolic: _____ Diastolic _____

4. Any abnormalities / observations on examination in the following may be mentioned:

	Observations
General physical examination	
Eyes	Vision: Night blindness: Colour vision:
Ears	Hearing: Inspection:
Condition of teeth and gums	
Respiratory system:	
Loco-motor system:	

5. For female candidates only:

(i) Date of last menstrual period _____

(ii) Any evidence of pregnancy _____

6. Is there anything in the health of the candidate likely to render him / her unfit for the efficient discharge of his / her duties in the current post for which selected?

Yes ☐ No ☐

Name of the Registered Medical Practitioner: _____

Registration no. _____

Address: _____

Signature with Seal of the RMP

(Civil Surgeon / Asst. Surgeon)

Date: _____

Note: Reports of tests carried out to be enclosed along with the Pre-employment medical report.