

Proforma for medical health check up for class A officers.

Name:

Age:

Sex: M/F

Marital Status: Married ☐ Unmarried ☐

Residential Address:-----

Tele-contact:

E-mail id:

Office Address-----

Blood Group:

History of known illness

Raised BP- Yes ☐ No ☐ If, yes-on regular treatment Yes ☐ No ☐

DM- Yes ☐ No ☐ If, yes-on regular treatment Yes ☐ No ☐

IHD- Yes ☐ No ☐ If, yes-on regular treatment Yes ☐ No ☐

Stroke - Yes ☐ No ☐ If, yes-on regular treatment Yes ☐ No ☐

Kidney Disease:

Chronic renal failure- Yes ☐ No ☐ If, yes-on regular dialysis Yes ☐ No ☐

Any history of surgery/prolonged hospitalization (more than 2 weeks)

Yes/No If yes, reasons thereof

Any history of loss of appotits- Yes ☐ No ☐

Any history of loss of weight- Yes ☐ No ☐

Any history of altered bowel habit- Yes ☐ No ☐

Any history of chowing tobacco- Yes ☐ No ☐

Family history of DM- ☐ HT ☐ Obesity

Premature CAD- Yes/No

Stroke- Yes/No

T.B- Yes/No

Glaucoma & Premature Cataract Yes/No.

Smoker - Yes ☐ No ☐ If, yes-per day ☐

Ex-Smoker Years of smoking ☐ Years of quitting smoking ☐

Vegetarian Yes/No Non-vegetarian Yes/No

Pan Masala Yes/No

Alcohol Yes/No If regular quantity in ml per day ☐

Regular exercise Yes/No

Nature of exercise

Walking

Jogging

Cycling

Swimming

INVESTIGATION REPORTS
Tests for Group "A" Officers.

1.	Heamogram i) Haemoglobin ii) TLC iii) DLC a) Polymorphs b) Lymphocytes c) Eosinophils d) Basophils e) Monocytes iv) Peripheral Smear
2.	<u>Urine examination</u> i) Colour ii) Albumin iii) Sugar iv) Microscopic Ezam
3.	<u>Blood Sugar</u> i) Fasting ii) Post-Prandial
4	<u>Lipid Profile</u> i) Total Cholesterol ii) HDL Cholesterol iii) LDL Cholesterol iv) VLDL Cholesterol v) Triglycerides
5.	<u>Liver Function Tests</u> i) S. Billrubin (Total) ii) S. Billrubil (Direct) iii) S.G.O.T iv) S.G.P.T
6.	<u>Kidney Function Tests</u>

	i) <u>Blood Urea</u> ii) <u>S. Creatinine</u> iii) <u>S. Uric Acid</u> iv)
7	<u>Cardiac Profile</u> i) <u>SLDH</u> ii) <u>CK-MB</u> iii) <u>S. CRP</u> iv) <u>SGOT</u> <u>For men</u> v) <u>PSA</u> <u>For Women</u> vi) <u>PAP SMEAR</u>
8	<u>X-Ray Chest PA view report</u>
9	<u>ECG Report</u>
10	USG Abdomen Report
11	TMT Report
12	Mammography Report (Women)

Gynecological Health Check UP

1	<u>Pelvic Examination</u> i) Local Examination ii) Per Vaginum (PN) iii) Per Speculum
2	Surgical Examination
3	Breast Examination
4	Urological Examination (For Men only)
5	Rectal Examination (For Men only)

Systemic Examination

<u>1</u>	Resp System
<u>2</u>	<u>CVS</u>
<u>3</u>	<u>Abdomen</u>
<u>4</u>	<u>CNS</u>
<u>5</u>	<u>Locomotor System</u>
<u>6</u>	<u>Dental Examination</u>

Eye examination

<u>1</u>	Distant vision
<u>2</u>	Vision with Glasses
<u>3</u>	Colour vision
<u>4</u>	Tonometry
<u>5</u>	Fundus Examination

ENT

<u>1</u>	Oral Cavity
<u>2</u>	Nose
<u>3</u>	Throat
<u>4</u>	Larynx

SUMMARY OF MEDICAL REPORT (ONLY COPY OF THIS PART IS TO BE ATTACHED TO APAR)

1.	Overall health of the officer	
2.	Any other remarks based on the Health Medical Check-up of the officer.	
3	Health profile grading.	

Date:

Signature of Medical Authority
Designation