

**WUS HEALTH CENTRE, UNIVERSITY OF DELHI
DELHI-110007.**

**APPLICATION FOR MEDICAL EXAMINATION FOR FRESH/ RE-
EMPLOYMENT**

The following document/test reports are being submitted for medical examination:-

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|---|---|
| 1. Chest X-ray- PA | 2. Recent E.C.G. with Report |
| 3. Vision Report RE/LE | 4. Fundoscopy Report |
| 5. Urine/ R/ME | 6. Blood Sugar Fasting/ P.P |
| 7. Hb | 8. Gynecology Report (female candidate) |
| 9. Copy of the offer letter for Employment/ Re-employment | |

Note: Tests to be performed at any Government or University Approved Hospital or Diagnostic Centre.

(To be filled by the Candidate)

1. Name 2. Age 3. Sex: MALE/FEMALE
(In block letters)
4. Date of Birth 5. College/Institution
6. Designation 7. Department
8. Marital status: MARRIED /SINGLE 9. Children M F
10. Immunity Status- When last immunized against:
- Typhoid Hepatitis-B
- Any other
11. .History of any major illness, surgery, prolonged hospitalization and nervous disorder:
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12. Allergy if any
13. Any other information about your health
14. Residence Address with Land Line/Mobile Phone numbers
-
-

SIGNATURE

Cont-2

FINAL MEDICAL REPORT

Name.....Date of Examination.....

GENERAL EXAMINATION:

1. Age per Service Record.....2. Build: Thin/Medium/ Heavy.....
 3. Comment on Vision (As per report submitted)
 4. Comment on E.N.T. (As per report submitted)
 5. Pulse Rate/Volume/Rythm/.....6. Blood Pressure
 7. Comment on E.C.G. (As per report submitted).....
 8. Comment on X-ray Chest (As per report submitted).....
 9. Comment on Gynae/Obstetric (As per report submitted) (For Females)
 10. Comment on Lab. (As per report submitted):
Urine: R/ME.....
Blood: Hb.....Sugar F/PPGms%
 11. Report on status of Liver/Spleen/Kidneys
 12. Glandular defects (if any).....
 13. Report on mobility of Bones/Joints/Muscles.....
 14. Report on status of Hernia/Hydrocele/Varicose.....
 15. Any special observation:.....
- Remarks of Examining Medical Officer:.....

Signature of Medical Officer

Countersigned
CHIEF MEDICAL OFFICER