No. BT/BS/01/00/91-Vol.IV
Government of India
Ministry of Science& Technology
Department of Biotechnology
Block-2, (6-8 Floor) CGO Complex, Lodhi Road,
New Delhi – 110 003.

Medical Report
Confidential

(TO BE COMPLETED BY THE CANDIDATE)

NAME	EMP No.	PROGRAM	DATE OF EXAMINATION

AGE	SEX	POSITION	TYPE OF EXAMINATION
	M ☐		PRE-PLACEMENT ☐
	F ☐		PERIODICAL ☐

FAMILY HISTORY: Have any of your blood kin over had? (check & indicate relationship)

☐ **High B.P.** ☐ **Heart Disease** ☐ **Asthma** ☐ **Diabetes Mellitus**

PAST MEDICAL HISTORY: Check any of the following you have had and indicate approximate age or year:

	YEAR		YEAR		YEAR
☐ **High Blood Pressure**	_____	☐ **Kidney Disease**	_____	☐ **Allergies**	_____
☐ **Heart Disease**	_____	☐ **Hepatitis (Jaundice)**	_____	☐ **Serious Injuries***	_____
☐ **Diabetes Mellitus**	_____	☐ **Malaria**	_____	☐ **Surgical Operations***	_____
☐ **Br. Asthmas**	_____	☐ **Skin Disease**	_____	☐ **Bl. Transfusion**	_____

*** Please specify:**

PRESENT MEDICAL HISORY: Check any of the listed symptoms currently apply to you:

EYES	EAR, NOSE, THROAT	G-I SYSYTEM	C.V. SYSTEM
☐ **Defective Vision**	☐ **Ear-ache (Rt/Lt)**	☐ **Abdominal Pains**	☐ **Chest Pain**
☐ **Using Spectacles**	☐ **Deafness (Rt/Lt)**	☐ **Gas Formation**	☐ **Breathless on Exertion**
	☐ **Ear-discharging**	☐ **Heart Burn**	☐ **Palpitation**
	☐ **Freq. Sore-throat**	☐ **Rectal Bleeding**	

RESP. SYSTEM	G.U. SYSTEM	MUSCULO-SYSTEM	C.N. SYSTEM
☐ **Seasonal Cough**	☐ **Difficulty in Urination**	☐ **Joint Pains**	☐ **Nervousness**
☐ **Wheezing Attacks**	☐ **Burning Urination**	☐ **Joint Swelling**	☐ **Depression**
☐ **Coughing Blood**	☐ **Irregular Periods**	☐ **Shoulder/Neck Pain**	☐ **Numbness &**
☐ **Low back-ache**	☐ **Pregnancy**	☐ **Tingling of Limbs**	

☐ **If on Medication (Specify):** ☐ **If on Immunization (Specify):**

rDNA CATEGORISATION DATA: Individuals are to follow the RECOMBINANT DNA SAFETY GUIDELINES OF THE DEPARTMENT OF BIOTECHNOLOGY, Please state whichever is applicable to your work:

1. rDNA hazardous materials handled :
(Please state in a few sentences if you are handling any infective biological material/s; please also state if you are handling any dangerous chemicals/s. Use of routine chemicals need not be mentioned.)

2. Containment Category :
(Please consult rDNA safety guidelines of DBT)

3. Bio-Safety Level :
(Please consult rDNA safety guidelines of DBT)

4. Any other information you would like to provide :

Signature of the Candidate

(TO BE COMPLETED BY THE MEDICAL OFFICER/EXAMINING PHYSICIAN)

GENERAL APPREANCE	Ht (Cm)	Wt (Kg)	DISTANCE VISION		NEAR VISION	COLOR VISION	EAR	HEARING
			Gross	Glasses				
			RE				R	
			LE				L	

SKIN	THEETH-GUMS	LYMPH NODES	PULSE RATE	BLOOD PRESSURE MEASURED ON DATE _____
				Sitting ……..mmHG Standing……mmHG

HEART	LUNGS	LIVER	SPLEEN	VARICOSE VEINS	OEDEMA PEET

SKULL	SPINE	OTHERS (specify)

N = NORMAL

LABORATORY INVESTIGATION RECORD

R = SEE REPORT

HAEMATOLOGY		URINE ANALYSIS		SERIUM ANALYSIS		RADIOLOGY	N	R
HB		Sp.GR		Fasting Bl. Glouse		PA Chest		
RBC Count		Ph.		P. P. Blood Glucose		ECG Resting		
TLC		Albumin		S. Triglycerides		U. S. Scan (Abd)		
DIFFERENTIAL		Glucose		S. Cholesterol				
Poly		Ketones		H D L – C				
Lymp		MICROSCOPIC		T. Proteins A/G Ratio				
Eosino		Pus Cells		Ig Profile				
Mono		RBC		L.F.T.				
Abnormal Parasites		Casts		Skin Allergy Test				
Platelets		Crystal		T. Cell Estimation				
Reticulocytes		STOOL		Cult/Sen				
Bl. Gr. Rh				(Sputum/Bl/Urine)				

CONCLUSION

DATE

SIGNATURE OF EXAMINING PHYSICIAN