



**CENTRAL RESEARCH INSTITUTE,**

**KASALI (H.P.)-173204**

**ANNUAL MEDICAL CHECK UP PROFORMA**

ID: .....

DATE: .....

NAME: .....

AGE: ..... Years

DESIGNATION: .....

BLOOD GROUP: .....

SEX: Female/Male

SECTION:.....

Signature:

**HISTORY:**

**PAST:** JAUNDICE :   
TUBERCULOSIS :   
HYPERTENSION :   
OTHERS :

TYPHOID :   
DIABETES MELLITUS :   
PREVIOUS SURGERY :

**PERSONAL:** SMOKER :   
TOBACCO:

ALCOHOL:   
OTHERS :

**FAMILY:** HYPERTENSION:   
CANCER :

DIABETES MELLITUS :   
OTHERS :

**MEDICATION HISTORY:.....**

**VACCINATION STATUS:**

<b><u>VACCINE</u></b>	<b><u>PRIMARY</u></b>	<b><u>BOOSTER (Last)</u></b>	<b><u>BOOSTER (Due)</u></b>
DPT	.....	.....	.....
POLIO	.....	.....	.....
TETANUS TOXOID	.....	.....	.....
HEPATITIS-B	.....	.....	.....
ANTIRABIES	.....	.....	.....
YELLOW FEVER	.....	.....	.....
TYPHOID	.....	.....	.....
JAPANESE ENCEPHALITIS.....	.....	.....	.....
OTHERS	.....	.....	.....

**PHYSICAL EXAMINATION:**

HEIGHT : .....cms

WEIGHT : .....Kgs

SKIN : .....

ORAL CAVITY: .....

VISION: DISTANCE :Lt: ..... Rt.: .....  
NEAR : Lt: ..... Rt.: .....

COLOUR VISION: .....

ENT : .....

PULSE : .....

B.P.: .....mm of Hg

CVS : .....

RESPIRATION: .....

ABDOMEN: LIVER: .....

HERNIA: .....

SPLEEN: .....

CNS : .....

LOCOMOTOR: .....

**INVESTIGATIONS:**

Hb.: .....gm% URINE: .....R/E  
.....M/E

STOOL: .....OVA  
.....CYSTS

BLOOD SUGAR: FASTING : .....  
POST PRANDIAL: .....

**LIPID PROFILE:**

S.Trig: ..... S.Chol: ..... HDL: .....

LDL : ..... VLDL : ..... Ratio:.....  
.....

OTHERS : .....

REMARKS : .....  
.....

**Signatures of Medical Officer**