



CENTRAL RESEARCH INSTITUTE,

KASAU LI (H.P.)-173204

ANNUAL MEDICAL CHECK UP PROFORMA

ID:

DATE:

NAME: AGE: Years

DESIGNATION: BLOOD GROUP:

SEX: Female/Male SECTION:.....

Signature:

HISTORY:

<u>PAST:</u>	JAUNDICE :	<input type="checkbox"/>	TYPHOID :	<input type="checkbox"/>
	TUBERCULOSIS :	<input type="checkbox"/>	DIABETES MELLITUS :	<input type="checkbox"/>
	HYPERTENSION :	<input type="checkbox"/>	PREVIOUS SURGERY :	<input type="checkbox"/>
	OTHERS :	<input type="checkbox"/>		

<u>PERSONAL:</u>	SMOKER :	<input type="checkbox"/>	ALCOHOL:	<input type="checkbox"/>
	TOBACCO:	<input type="checkbox"/>	OTHERS :	<input type="checkbox"/>

<u>FAMILY:</u>	HYPERTENSION:	<input type="checkbox"/>	DIABETES MELLITUS :	<input type="checkbox"/>
	CANCER :	<input type="checkbox"/>	OTHERS :	<input type="checkbox"/>

MEDICATION HISTORY:.....

VACCINATION STATUS:

<u>VACCINE</u>	<u>PRIMARY</u>	<u>BOOSTER (Last)</u>	<u>BOOSTER (Due)</u>
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.: COLOUR VISION:

 NEAR : Lt: Rt.:

ENT :

PULSE : B.P.:mm of Hg

CVS :

RESPIRATION:

ABDOMEN: LIVER: HERNIA:

 SPLEEN:

CNS :

LOCOMOTOR:

INVESTIGATIONS:

Hb.:gm% URINE:R/E STOOL:OVA

 M/E CYSTS

BLOOD SUGAR: FASTING :

 POST PRANDIAL:

LIPID PROFILE:

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

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

OTHERS :

REMARKS :

Signatures of Medical Officer