



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>KRISHNAKUMAR S</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): <u>RA Eye Brown</u>
3. Age/Date of Birth	:	<u>21-03-1986</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/ <u>Driving Licence</u> /Company ID)

**PHYSICAL DETAILS:**

a. Height ..... <u>166</u> ... (cms)	b. Weight ..... <u>50</u> ... (Kgs)	c. Girth of Abdomen ..... <u>94</u> ... (cms)
d. Pulse Rate ..... (Min)	e. Blood Pressure:	Systolic          Diastolic
	1 <sup>st</sup> Reading	<u>120</u> <u>76</u>
	2 <sup>nd</sup> Reading	

**FAMILY HISTORY:**

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			<u>64 CAD</u>
Mother	<u>53</u>	<u>DM</u>	
Brother(s)			
Sister(s)	<u>29</u>	<u>Good</u>	

**HABITS & ADDICTIONS:** Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>no</u>	<u>no</u>	<u>no</u>

**PERSONAL HISTORY**

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. **Y/N**
- b. Have you undergone/been advised any surgical procedure? **Y/N**
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N**
- d. Have you lost or gained weight in past 12 months? **Y/N**

**Have you ever suffered from any of the following?**

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N**
- Any disorders of Respiratory system? **Y/N**
- Any Cardiac or Circulatory Disorders? **Y/N**
- Enlarged glands or any form of Cancer/Tumour? **Y/N**
- Any Musculoskeletal disorder? **Y/N**
- Any disorder of Gastrointestinal System? **Y/N**
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N**
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N**
- Are you presently taking medication of any kind? **Y/N**

**DDRC SRL Diagnostics Limited**

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036  
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

- Any disorders of Urinary System? **Y/N**
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin **Y/N**

**FOR FEMALE CANDIDATES ONLY**

- a. Is there any history of diseases of breast/genital organs? **Y/N**
- b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) **Y/N**
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? **Y/N**
- d. Do you have any history of miscarriage/abortion or MTP **Y/N**
- e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc **Y/N**
- f. Are you now pregnant? If yes, how many months? **Y/N**

**CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER**

- Was the examinee co-operative? **Y/N**
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? **Y/N**
- Are there any points on which you suggest further information be obtained? **Y/N**
- Based on your clinical impression, please provide your suggestions and recommendations below;

*To reduce fatty food*

- Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment. **FIT**

**MEDICAL EXAMINER'S DECLARATION**

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : *[Signature]*

Seal of Medical Examiner : **Dr. A. M. ANTO IOFHS (M.D.)  
B.Sc, MBBS; DIH (Cal), PGDHA  
Reg. No : 5667  
CONSULTANT  
DDRC AGILUS PATHLABS LIMITED  
THRISSUR - 680 022**



Name & Seal of DDRC SRL Branch :

Date & Time : *31-10-2023*

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