

**ANNUAL PREVENTIVE HEALTH CHECK-UP FOR THE ESI INSURED
PERSONS/INSURED WOMEN AGED 40 YEARS AND ABOVE**

EMPLOYER NAME AND ADDRESS:

Name: Mr/Mrs/Miss

Age: YearsSex: M F

IP Number:

Marital Status: Married Unmarried Widow/Widower Divorcee

Residential Address:

Tele contact: (R)

(M)

E-mail ID:

Blood Group: History of Known illness/conditions (Tick appropriate Box)Raised BP – Yes No If yes, Regular treatment – Yes NoDM – Yes No If yes, Regular treatment – Yes NoIHD – Yes No If yes, Regular treatment – Yes NoStroke – Yes No If yes, Regular treatment – Yes No CRF – Yes No If yes, Regular treatment – Yes No Family History of DM HT Obesity Life Style – Smoker – Yes No If yes, number of cigarettes per day – Ex – Smoker Years of Smoking Alcohol Yes No Any Alh. Hepatitis in Past

□

Regular Exercise Yes No

For more than 20 minutes at least 3 times a week

DISEASE DIAGNOSED IN THE PREVIOUS HEALTH CHECK UP CYCLE:

Date of Last Health Check-Up: [_____]

Was any disease/condition detected? Yes No

Currently taking treatment and following up regularly for the diagnosed condition? Yes No

GENERAL PHYSICAL EXAMINATION:

Weight: (Kgs) Height : (mtrs) BMI :

Pulse: /minute BP: / mm of Hg Temp.: F

SYSTEMIC EXAMINATION FINDINGS

RESPIRATORY SYSTEM

CVS

ABDOMEN

CNS

LOCOMOTOR SYSTEM

DENTAL EXAMINATION

EYE EXAMINATION

DISTANT VISION

R

L

WITH GLASSES

R

L

NEAR VISION

FUNDUS EXAMINATION

LOCAL FINDINGS

DIAGNOSIS & ADVICE

ENT

ORAL CAVITY

NOSE

THROAT

LARYNX

DIAGNOSIS & ADVICE

UROLOGICAL EXAMINATION (FOR MEN ONLY)

GYNECOLOGICAL HEALTH CHECK-UP (FOR WOMEN)

HISTORY:

1. Periods: Regular / Irregular since days
 - Delayed / Polymenorrhagia L.M.P. days ago
 - Menstrual Flow: Normal / Scanty / Excessive
2. Discharge P/V : None / Muroid / Purulent / Haemorrhagic
3. Mass protruding P/V : None / Present
4. Urinary complaints : None / Present
5. No. of Pregnancies :
6. No. of Deliveries :
7. No. of Abortions :
8. No. of LSCS :

PELVIC EXAMINATION (if indicated)

1. Local Examination :
2. Per Vaginum (P/V) :
3. Per Speculum (P/S) :

SURGICAL EXAMINATION

BREAST EXAMINATION:

RIGHT

LEFT

PRESENCE OF ANY LUMP

PAP SMEAR REPORT

INVESTIGATION REPORTS

INVESTIGATION	REPORT	NORMAL RANGE
1. HAEMOGRAM:		
<ul style="list-style-type: none"> • Haemoglobin • T.L.C. • D.L.C. 		gms (14-17 gms M), (11-16 gms F) (4000-11000/cmm)
	Polymorphs	(50 – 70 %)
	Lymphocytes	(20 – 40 %)
	Eosinophils	(1 – 4 %)
	Basophils	(0 – 1 %)
	Monocytes	(1 – 4%)
<ul style="list-style-type: none"> • Peripheral smear 		
2. URINE EXAMINATION:		
<ul style="list-style-type: none"> • Colour • Albumin • Sugar • Microscopic Ezam. 	Absent/Traces/+/++/+++ Absent/Traces/+/++/+++	(Absent) (Absent)
3. BLOOD SUGAR:		
<ul style="list-style-type: none"> • Fasting • Post-prandial 	mg % mg %	(70 – 100 mg%) (80 – 110 mg%)
4. LIVER FUNCTION TESTS:		
<ul style="list-style-type: none"> • S. Bilirubin (Total) • S. Bilirubin (Direct) • S.G.O.T. • S.G.P.T. 	mg % mg % Units/L Units/L	(Upto 1.0 mg%) (Upto 1.0 mg%) (1 – 21 units / L) (7 – 27 units / L)
5. KIDNEY FUNCTION TESTS:		
Blood Urea	mg %	(7 – 18 mg%)
S. Creatinine	mg %	(0.6 – 1.2 mg%)
S. Uric Acid	mg %	(2 – 7 mg%)
6. ECG Report		

7. Chest X-ray

8. FOR MEN: PSA

ng / ml

(80 – 110 mg%)

SUMMARY OF THE MEDICAL REPORT

1.	Overall Health of the IP/IW	
2.	Any other remark based on the health medical check-up of the IP/IW	

Signature of Nodal officer (Special cell on Preventive Check-up) with Seal

Dated:

Place: