

FORM III

(see rule 6)

The medical examination shall be conducted by a qualified medical practitioner as per following proforma:

A. Demographics:

<i>Question</i>	<i>Answer</i>	<i>Remarks</i>
Date:		
Name of the Worker:		
Age:		
Permanent Address:		
Gender:		
Total Number of family Members:		
Total monthly family Income:		
Is the employee under ESI (Employees' State Insurance) Scheme? If yes, provide IP Number.	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes / No	

B. Occupational History

<i>Question</i>	<i>Answer</i>	<i>Remarks</i>
Present Designation:		
Work Profile:		
Duration of service in the present work profile:		
Working Hours per shift:		
Night Shift Per Week:		
Night Shift per Month:		

C. Brief Review of Medical History: Diagnosed previously or currently under treatment or Currently suffering from

<i>Question</i>	<i>Answer (Yes/No)</i>	<i>Remarks</i>
Anaemia		
Jaundice		
Asthma		
COPD		
History of Any other Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or Elbow		
Hernia		

<i>Question</i>	<i>Answer (Yes/No)</i>	<i>Remarks</i>
Hydrocele		
Varicose Vein		
Haemorrhoids		
History of amputation/fracture/dislocation injury during work (If Yes, please specify)		
Dermatitis (If Yes, specify Site)		
Hearing Impairment		
Visual Impairment		
Any Major Illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)		
Occupational Injury in Last 1 year: if yes Specify the Location of injury and frequency		

D. Current Symptoms-Diseases Module

<i>Question</i>	<i>Answer (Yes/No)</i>	<i>Remarks</i>
Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis/Eczema/Chloracne/ Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/Nose/Throat with response to chemical agent or biological agent:		
Symptoms like Respiratory Difficulty/ Chest Tightness/ Dry Cough at beginning of shift:		
Currently suffering from TB:		
Jaundice or Hepatitis:		
Currently suffering from Low Back Pain		
Currently suffering from Pain in hand or Elbow:		
Currently suffering from Visual Problems		
Currently suffering from Hearing Problems		
Any current injury (amputation/ fracture/ dislocation)		
Any current musculoskeletal sprains/ strains		

E. Physical Examination

Date of Examination

<i>Question</i>	<i>Answer (Yes/No) or as appropriate</i>	<i>Remarks</i>
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		

Temperature (°F):		
BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
Examination of Breast of female-employee		

F. Investigation Report

- **Routine Blood Investigation: Attach the photocopy of the report**
- **Blood Grouping & Rh Typing and HB Electrophoresis Once in lifetime**

<i>Parameter</i>	<i>Answer (Normal/Increase/Decrease)</i>	<i>Value</i>
Hb%:		
Total WBC Count and Differential Count:		
Platelet Count:		
ESR:		
FBS:		
PPBS:		
HBA1C level		
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		
Prostate Specific Antigen (PSA)		

G. Standard Chest X Ray (PA) View: attach the photocopy of the report Date:

<i>Parameter</i>	<i>Answer (Normal/Abnormal)</i>	<i>Value (if any importance)</i>
Report		

Report:**H. Spirometry: attach the photocopy of the report (For mine employee) Date:**

<i>Parameter</i>	<i>Answer (Normal/Increase/Decrease)</i>	<i>Value</i>
PEFR:		
FEV ₁ :		
Observed:		

Predicted:		
FVC:		
Observed:		
Predicted:		
FEV ₁ /FVC:		
Final Report: Normal / Obstructive Lung Disease/ Restrictive Lung Disease/ Mixed Lung Diseases		

I. Audiometry (Pure Tone / BERA): attach the photocopy of the report Date:

<i>Parameter</i>	<i>Value/Result/Interpretation</i>
Visual inspection of Eye for any abnormality like wax in external ear, infection etc.,	
Right Ear Hearing Threshold:	
Left Ear Hearing Threshold:	
Final Report preferable based on BERA:	
Right Ear:	
Left Ear:	

J. Eye Examination: attach the photocopy of the report Date:

<i>Parameter</i>	<i>Value/Result/Interpretation</i>
Visual inspection of Eye for any abnormality like corneal opacity/scarring, cataract etc.	
Visual Acuity: Right	
Visual Acuity: Left	
Colour Vision	
Field of Vision	
Binocularity	
Lateral Phoria	
Vertical Phoria	
Stereoscopic Vision and Depth Perception Testing	
Fundus (Retina) examination	

K. 12 lead ECG and Echocardiography:

Final Report:

L. MEDICAL FITNESS TESTS FOR PERSONS WORKING AT HEIGHT (*as may be applicable*):

1. Detailed Medical History and in-Depth General Medical Examination including tests for Vision, Hearing, Musculoskeletal System, Respiratory System, Cardiovascular System etc.

As applicable to all employees

2. Special Examination

a) Cardiovascular

Uncontrolled hypertension or ischemic heart disease will be a contraindication. In the presence of hypertension and abnormal ECG findings, the employee should be referred to a Cardiologist for fitness.

b) Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Rombergsign. The presence of bilateral nystagmus and a positive Romberg sign will be an absolute econtra-indication.

c) Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated

d) Assessment of Diabetic Control Status:

(in case of employees suffering from Diabetes Mellitus)

e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression

f) Evaluation for Vertigo and Dizziness

For use of Industrial Safety Section:

Walking freely over a horizontal bar at 1 ft. height: PASS / FAIL Wearing a safety belt and tying the rope knot: PASS/ FAIL

Walking over a horizontal structure at 9 ft. height wearing a belt: PASS/ FAIL General physique (O.K./NOT O.K): PASS/ FAIL

M. Any other information/examination/biological investigation/test as mutually agreed by the employer and qualified medical practitioner.