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HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND ASSOCIATED
HAH CENTENARY HOSPITAL, NEW DELHI- 110062



H-2022-1041
Oct 07, 2022 - Oct 06, 2026

EMPLOYEE ANNUAL MEDICAL EXAMINATION

Full Name		Age/Gender		Employee ID	
Designation		Department		DMC/DNC No.	
Height (in cm)		Weight (in kg)		BMI	
				Remarks (if any)	

MEDICAL HISTORY		
<input type="checkbox"/> DIABETES	<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> ASTHMA
<input type="checkbox"/> COVID-19	OTHERS (IF SPECIFY)	
ALLERGIES	<input type="checkbox"/> DISABILITY (IF YES) TYPE OF DISABILITY:	

PHYSICAL EXAMINATION							
Pulse (bpm)		Blood Pressure (mmHg)			History of Tobacco Use	YES	NO
GENERAL EXAMINATION							
SYSTEMIC EXAMINATION	Respiratory System						
	Cardiovascular System						
	Central Nervous System						
	Others						
SCREENING TESTS ADVISED (IF APPLICABLE)							

Immunization status	Hepatitis- B	DOSE 1	DOSE2	DOSE 3	COVID - 19 vaccine	DOSE 1	DOSE 2	BOOSTER
Investigations	CBC			Hb (g/L)		Stool R/M & C/S (For food handlers)		
	RBS (mg/dL)				Remarks (if Any)			
	X-Ray / Any other investigation (If required)							
Remarks								
Advice if any:								

Medical Officer
Sign and stamp with DMC number