

MEDICAL EXAMINATION REPORT

COMPANY NAME : Ircon International Limited

1 NAME

2 a) AGE

b) IDENTIFICATION MARKS (S)

CLINICAL EXAMINATION

1 HEIGHT

WEIGHT

2 PULSE

3 BLOOD PRESSURE

4 VISION

5 COLOR BLINDNESS

6 EAR, NOSE & THROAT

REMARKS OF PATHOLOGICAL TESTS

1 CHEST X - RAY

2 ECG

3 COMPLETE BLOOD COUNT

4 BLOOD SUGAR

5 KIDNEY FUNCTION TEST(KFT)

6 LIVER FUNCTION TEST (LFT)

CERTIFICATION

Certified that the Mr. _____ does not appear to be suffering from any chronic diseases communicable or otherwise, and is under medication for _____

I consider / do not consider (Tick) this as disqualification for employment in the company.

MEDICALLY DECLARED FIT/ UNFIT *W.R.T EMPLOYMENT COMMENSURATE WITH THE AGE*

REASON

DATE

SIGNATURE OF THE

MEDICAL OFFICER