

STEAG Energy Services (India) Pvt. Ltd.

(Formerly known as Evonik Energy Services (India) Pvt. Ltd.)

(Human Resources Division)

**Medical Examination carried out at -----on
behalf of**

STEAG Energy Services (India) Pvt. Ltd.

Date: _____

Post:

I, _____ S/o or D/o Mr./Ms. _____

hereby solemnly declare that, I have never suffered from diseases like, Hypertension, diabetes, Epilepsy, Asthma, Bronchitis, Cancer, Tumour etc. to the best of my knowledge and belief.

I am not taking any medicine for the above-mentioned diseases.

Paste Passport
size
photograph
here

Signed in my presence

Signature of the Candidate

Signature of Doctor with Seal

Name (in full) & Address:

Note: Any information wrongly given or concealed will be grounds for termination of services, if detected during the service in STEAG Energy Services (India) Pvt. Ltd.

CONFIDENTIAL

I hereby certify that I, undersigned Dr. _____ have examined
Mr./Ms. _____ S/o or D/o Mr./Ms. _____ whose sig-
nature / Thumb impression has been attested below and my findings are as follows:

A) CLINICAL EXAMINATION

Weight: _____ Kgs.

Height: _____ cms

Pulse: _____ Min

B.P.: _____ MM of hg.

Oedema : Yes / No

Mental Status : Sound / Poor

VISION : **1) Without Glasses**

LT _____

RT _____

2) With Glasses

LT _____

RT _____

Colour Blindness:

Yes / No

Orodental Hygiene:

Good / Fair /Poor

Skin _____ **Ear** _____ **Nose** _____

Throat _____

Cardiovascular System: _____

Respiratory System: _____

C.N.S: _____

Abdomen: _____

VISIBLE IDENTIFICATION MARKS:

1. _____

2. _____

B) INVESTIGATIONS

1. BLOOD TESTING

i) Hb % _____

ii) E.S.R _____

iii) Blood Sugar _____

iv) Blood Group _____

2. URINE TESTING

i) Sugar _____

ii) Proteins _____

iii) Acetone _____

3. STOOL TESTING

Gross Appearance

Quantity: _____ Colour: _____ Odour: _____

Blood: _____ Mucus: _____ Parasite: _____

Form: _____ Consistency: _____

4. X –Ray Chest P . A View

C) INFECTIOUS DISEASES

I) Tuberculosis Yes / No

II) Syphilis Yes / No

III) Leprosy Yes / No

IV) Other if any _____

GENERAL REMARKS (Regarding Physical & Mental Fitness)

Signature of Doctor with Seal

Date _____