STEAG 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	Signa	gnature of the Candidate	
Signature of Doctor with Seal	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	have examine	have examined			
Mr./MsS/o or D/o Mr./Ms signature / Thumb impression has been attested below and my findings are as follows:					
signature / Thu	amb impression has been atte	ested below and my findl	ngs are as follows:		
	L EXAMINATION				
,					
Weight:	Kgs.	Height:	cms		
Pulse:	Min	B.P.:	MM of hg.		
Oedema : Yes / No		Mental Status : S	ound / Poor		
VISION :	1) Without Glasses	LT			
		RT			
	2) With Glasses	LT			
		RT			
Colour Blindness:		Yes / No			
Orodental Hygiene:		Good / Fair /Poor			
Skin	Ear	No	se		
Throat					
Cardiovascular	System:				
Respiratory Sy	stem:				
C.N.S:				-	
Abdomen:					
VISIBLE IDEN	TIFICATION MARKS:				
1					
2.					

B)	INVESTIGATIONS						
1.	BLOOD TESTING						
i) Hb %			ii) E.S.R				
iii) Blood Sugar			iv) Blood Grou	ıp			
2.	URINE TESTING						
i) Sugar			ii) Proteins				
iii) Ac	etone						
3.	STOOL TESTING						
<u>Gros</u>	s Appearance						
Quan	tity:	_Colour:	Odour:				
Blood	d:	Mucus:	Parasite	e:			
Form	:	Consistency:					
4. X -	-Ray Chest P . A Viev	V					
C)	NFECTIOUS DISE	ASES					
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 _____

SESI/FORM/HR-005