

**INDUSTRIAL SYSTEMS GROUP****HEALTH CHECK UP**

FORMAT NO: HSEP:13-F02

REV NO.: 00

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Name of Site :	
Name of Sub-Contractor :	
Name of Employee :	

NAME:

History Of Past Illness	H/O Epilepsy
	H/O Drug Allergy
	H/O Diabetics/ Hypertension
	H/O Unconsciousness

Personal History

EXAMINATION	OBSERVATION
<u>General Physical Examination</u>	
Height	:
Weight	:
BMI	:
Built And nourishment	:
Pallor	:
Temperature	:
Chest Expansion	: Inspiration Expansion
Lymph Node Enlargement	:
<u>Ear, Nose, Throat</u>	:
Ear	:
Nose	:
Throat	:

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EXAMINATION	OBSERVATION
<u>Cardiovascular System Examination :</u>	
Inspection :	
Palpation :	Pulse BP
Auscultation (Heart Sounds) :	
<u>Respiratory System :</u>	
Inspection :	Respiratory Rate
Palpation:	
Percussion :	
Auscultation (Breath Sounds) :	
<u>Examination of Abdomen :</u>	
Inspection :	
Palpation :	
Auscultation (Bowel Sounds) :	
Any Other :	
Clinical Impression	

Signature of the examining doctor