

Form-IV  
[See rule 3]

The All India Service (Performance Appraisal Report) Rules, 2007

PROFORMA FOR HEALTH CHECK UP

Date :

Name

Age

Sex : M / F

A. Investigations Reports

1.	<b>Haemogram</b>  (i) Haemoglobin (ii) TLC (iii) DLC  (a) Polymorphs (b) Lymphocytes (c) Eosinophils (d) Basophils (e) Monocytes  (iv) Peripheral Smear
2.	<b>Urine Examination</b>  (i) Colour (ii) Albumin (iii) Sugar (iv) Microscopic Exam
3.	<b>Blood Sugar</b>  (i) Fasting (ii) Post-Prandial
4.	<b>Lipid Profile</b>  (i) Total Cholesterol (ii) HDL Cholesterol (iii) LDL Cholesterol (iv) VLDL Cholesterol (v) Triglycerides
5.	<b>Liver Function Tests</b>  (i) S. Bilirubin (Total) (ii) S. Bilirubin (Direct) (iii) S.G.O.T. (iv) S.G.P.T.

6.	<b>Kidney Function Tests</b> (i) Blood Urea (ii) S. Creatinine (iii) S. Uric Acid
7.	<b>Cardiac Profile</b> (i) S. LDH (ii) CK-MB (iii) S. CRP (iv) SGOT <b>For Men</b> (v) PSA <b>For Women</b> (vi) PAP SMEAR
8.	<b>X-Ray-Chest PA View Report</b>
9.	<b>ECG Report</b>
10.	<b>USG Abdomen Report</b>
11.	<b>TMT Report</b>
12.	<b>Mammography Report (Women)</b>
13.	<b>Gynaecological Health Check up</b> (i) Pelvic Examination (a) Local Examination (b) Per Vaginum (PV) (c) Per Speculum (ii) Surgical Examination (iii) Breast Examination
14.	(i) Urological Examination (For Men only) (ii) Rectal Examination (For Men only)
15.	<b>Systemic Examination</b> (i) Resp System (ii) CVS (iii) Abdomen (iv) CNS (v) Locomotor System (vi) Dental Examination

16.	<b>Eye Examination</b>  (i) Distant Vision (ii) Vision with Glasses (iii) Colour Vision (iv) Tonometry (v) Fundus Examination
17.	<b>ENT</b>  (i) Oral Cavity (ii) Nose (iii) Throat (iv) Larynx

**B. Medical Report of the Officer**

1	<b>Haemoglobin level of the officer</b>	Normal/Low
2	<b>Blood Sugar Level</b>	Satisfactory/Normal/High/Low
3	<b>Cholesterol level of the officer</b>	Normal/High/Low
4	<b>Liver functioning</b>	Satisfactory/Normal/Dysfunctioning
5	<b>Kidney Status</b>	Normal/Both-one kidney not functional optimally
6	<b>Cardiac Status</b>	Normal/enlarged/blocked/not normal

**C. Summary of Medical Report (only copy of this part is to be attached to PAR)**

1	<b>Overall Health of the Officer</b>	
2	<b>Any other remarks based on the health medical check up of the officer</b>	
3	<b>Health profile grading</b>	

Date :

Signature of Medical Authority

Designation :