Company Name	Standard Operating Procedure on	Date Orig. Issue: Date Revised:	
	General Health Examination	Revision Number:	
SOP Number	General Health Examination	Page xx of xx	
Author Date	Dept. Approval Signature Date	Q.A. Approval Signature Date	

## 1. OBJECTIVE:

To lay down procedure for the medical check up of employees at time of appointment and during service.

### 2. SCOPE:

This Procedure is applicable to all employees who work in the XXX Company.

### 3. RESPONSIBILITY:

HRD In charge

## 4. ACCOUNTABILITY:

HRD In charge

#### 5. PROCEDURE:

- 5.1 All working in the factory must be medically examined at the time of appointment and thereafter every one year by a registered medical practitioner.
- 5.2 Checking at the time of appointment: Every candidate once is technically cleared and is ready for appointment by personnel has to be sent to the Doctor on panel of company for complete medical check up which includes following
  - (1) Complete check up of all body systems including circulatory system, pulmonary system, nervous system
  - (2) Complete blood analysis reports specifically to show absence of diabetes, urine analysis.
  - (3) Blood pressure
  - (4) Absence of any skin disease.
  - (5) Absence of any contagious disease.
  - (6) No abnormality regarding vision with or without correction
- 5.3 Checking every one year every employee has to be sent to the Doctor on panel of Company for complete medical check up which: includes following
  - (1) Complete check up of all body systems including circulatory system, pulmonary system, nervous system.
  - (2) Complete blood analysis reports specifically to show absence of diabetes, urine analysis
  - (3) Blood pressure

Company Name	Standard Operating Procedure on	Date Orig. Issue: Date Revised:	
	General Health Examination	Revision Number:	
SOP Number	General Health Examination	Page xx of xx	
Author Date	Dept. Approval Signature Date	Q.A. Approval Signature Date	

- (4) Absence of any skin disease
- (5) Absence of any contagious disease
- (6) No abnormality regarding vision with or without correction
- 5.4 The details are to be filled in attached from and detailed reports attached
- 5.5 In case any persons fails in any of the above mentioned requirements then in case of new appointment the candidate cannot be given appointment in the factory. In case of existing employee following system will be adopted
- 5.6 In case of vision related or contagious diseases the person should be transferred to non-production areas.
- 5.7 In case of circulatory or nervous system related defects person should be advised complete check up and advise from expert must be taken before resuming on the service
- 5.8 In case of person where the medical experts feel that the person is not fit for job, then personnel department has to do needful
- 5.9 In case of temporary problems which are curable the person should be on leave till cure and should resume after getting no objection or fitness certificate from panel

Company Name	Standard Operating Procedure on		Date Orig. Issue: Date Revised:	
	General Health Examinat	ion	Revision Number:	
SOP Number	General Health Examination		Page xx of xx	
Author Date	Dept. Approval Signature Date		Q.A. Approval Signature	Date

# **Example for Medical Checkup Record**

	·
NAME OF EMPLOYEE	
AGE & SEX	
DEPT:	
GENERAL PHYSICAL	
CONDITION:	
ANY INFECTIONS	
(SPECIFICALLY	
SKIN/CONTAGIOUS)	
GENERAL HYGINE	
EYE SIGHT	
COLOR RECOGNITION	
ILLNESS HISTORY IN LAST	
SIX MONTHS	
ANY OTHER	
OBSERVATION:	
SUITABILITY OF EMPLOYEE	
FOR WORK	
REMARKS: In my opinion ab	ove employee is fit / unfit for work in the manufacturing

<b>REMARKS:</b> In	my opinion above employee is fit / <b>unfit</b> for work in the manufacturing
operations of	oharmaceutical unit.
(Dr.	)

Company Name				
	Standard Operating Pro	Standard Operating Procedure on		
	General Health Ex	vamination	Revision Number:	
SOP Number	General Health L	General Health Examination		
Author	Dept. Approval Signature	Date	Q.A. Approval Signature	Date
Date				

# **Employee Illness Report**

NAME OF EMPLOYEE	
INCIDENT ILLNESS	
ANY OTHER OBSERVATION:	
SUITABILITY OF EMPLOYEE FOR WORK	

# 6. ABBREVIATIONS: NA

# 7. RECORDS:

Sr.	Name of	Format No /	Originator	Retained by	Mode of
No.	document	Document No			filing
1	Medical Checkup				
	Record				
2	Employee Illness				
	Report				

# 8. REVISION CARD

<b>Revision Date</b>	Revision No.	Reason for Revision	Approved By