



PHARMA DEVILS

PERSONNEL AND ADMINISTRATION DEPARTMENT

STANDARD OPERATING PROCEDURE

Department: Personnel and Administration	SOP No.:
Title: Procedure for Medical Check-up	Effective Date:
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1.0 OBJECTIVE

To lay down a procedure for medical check-up.

2.0 SCOPE

This SOP is applicable to medical checking of all employees working in Manufacturing Facility.

3.0 RESPONSIBILITY

Executive/Officer – PAD

Head Of Department –QA

4.0 PROCEDURE

4.1 Pre - Employment Medical Test

4.1.1 Medical check-up for every new joining employee shall be carried out by the competent medical doctor and a certificate of fitness from the doctor shall be submitted to PAD department either before or on the date of joining.

4.1.2 In case, medical check-up not performed at the time of joining, a self-declaration regarding medical history shall be sought from the employee. For this purpose self-declaration medical report shall be filled and signed by the employee (Annexure –III). However, the competent medical doctor shall carry out complete medical check-up of such employee subsequently.

4.1.3 The personnel department shall maintain “Pre-employment Medical Check-up “.

4.2 Annual health check-up

4.2.1 Annual health check-up record of each employee examined by a qualified medical practitioner will be maintained.

4.2.2 The medical practitioner examines each employee involved in manufacturing operations, for the parameter listed in Annexure – II. Record the medical report as per Annexure- II.



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4.2.3 Employees, working in the stores and production areas shall report for any illness, open wounds, cuts, lesions (on open part of the body), rashes, skin ailment, fever or any other communicable diseases, infection to the concerned supervisor. Such employees shall not be allowed to work in production / process areas where products are handled in open & poses risk of contamination to the products. The supervisor shall reassess the employee after illness. (Refer Annexure – I)

4.2.4 Supervisor shall also monitor the health of employees in their department and action shall be taken if any unusual suspected symptom of illness as sited above is noticed (Refer Annexure – I).

4.3 Health Check up for contractual Labour

4.3.1 The labour supplier shall assure the health of contractual labor. No labour with symptoms of contagious disease, open wounds, lesions, or any medical condition harmful to product or personnel shall be allowed into the premises. For contractual labour involved in packing and inspection, adequacy of vision and absence of color blindness shall be ensured by the vendor.

4.4 Frequency of Keeping Records

4.4.1 Pre-employee medical test record and annual check up records will be kept up to length of service.

4.4.2 For personnel directly involved in manufacture, storage, handling and analysis of products, records shall be maintained for one year after end of service of the concerned employee.

5.0 ANNEXURE (S)

Annexure – I : Illness reporting Form

Annexure – II : Medical report

Annexure – III : Self-Declaration Medical Report

6.0 REFERENCE(S)

Nil

7.0 ABBREVIATION (S)/DEFINITION (S):



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BP : Blood Pressure

CNS : Central Nervous System.

ECG : Electro Cardio Gram

PAD : Personnel & Administration

REVISION CARD

S.No.	REVISION No.	REVISION DATE	DETAILS OF REVISION	REASON (S) FOR REVISION	REFERENCE CHANGE CONTROL No.
1.	00	--	--	New SOP	--



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ANNEXURE I
ILLNESS REPORTING FORM

Name of Employee:		Designation:
Date of Reporting:		Department:
S.No.	TYPE OF ILLNESS	PLEASE PUT TICK MARK BEFORE THE APPROPRIATE ILLNESS
1.	Open wounds, cuts, lesions at hand. Legs, face or on any open part of the body	
2.	Rashes, boils or any skin ailment	
3.	Upper respiratory tract infections, cold, cough.	
4.	Fever	
5.	Dysentery or gastric problem	
6.	Any other Communicable disease, infections	
Supervisor's Remarks:		
Action taken by the Supervisor:		
Reassessment of the Employee:		



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ANNEXURE II

MEDICAL REPORT

Name:	Age:	Sex :
Father's name		
Identification Mark:		
Lab. Investigation:		
Hb		
TLC:		
DLC:		
ESR		
Blood Grouping:		
SSR. Cholestrol		
Urine Complete		
Blood Sugar		
X-ray Chest		
ECG		
Color Blindness		
Systematic Check up		
Respiratory System		
Cardiovascular system		
ENT		
Eye Vision		
Nervous System		
GI System		
Other:-		
Anemia		
Lymphadenopathy		
Fingure Flexibility		
Height		
Weight		
Pulse		
B.P		



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Name:	Age:	
Height:	Sex:	Weight:
Present complaints	:	
Past History	:	
Personal History	:	
Family History		
GENERAL EXAMINATION	:	
Temp:	Pulse:	BP:
Pallor, Icterus, Cyanosis, Clubbing:		
CARDIO VASCULAR SYSTEM:		
RESPIRATORY SYSTEM:		
ABDOMEN:		
Liver/Spleen/Kidney/Other palpable Mass/ Any Tenderness:		
CNS:		
Orientation to time/ place / Person/ Cerebellar Sign/Others:		
SKIN:		
EYES:	Vision	
	Right	Glasses
	Left	Glasses
E.N.T. :		
Hematology		
Urine Examination		
Blood sugar		
Blood Group		
HIV		
ECG (above 40 yrs)		
Treatment Advised		

Declaration: Person is free from tuberculosis , skin and other communicable and contagious disease



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LABORATORY REPORT

HAEMATOLOGY

TEST	OBSERVATION	REF. RANGE & UNITS
HAEMOGLOBIN		
TOTAL LEUCOCYTE COUNT (TLC)		
DIFFERENTIAL LEUCOCYTE COUNT (DLC)		
NEUTROPHILS		
LYMPHOCYTES		
MONOCYTES		
EOSINOPHILS		
BASOPHILS		
E.S.R (WESTEREGREN)		
SERUM CHOLESTROL		
GLUCOSE RANDOM:		
BLOOD GROUP:		
RH:		



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URINE EXAMINATION

PHYSICAL EXAMINATION\

COLOUR

TRANSPARENCY

CHEMICAL EXAMINATION

REACTION

SUGAR

ALBUMIN

MICROSCOPIC EXAMINATION

RBC'S

PUS CELLS

EPITHELAIAL CELLS

CRYSTAL (CALCIUM OXALATE)

AMORPHOUS DEPOSITE

TRIPLE PHOSPHATES

ANY OTHER



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ANNEXURE III SELF DECLARATION MEDICAL REPORT

Name : Height :

Age : Weight :

Sex : Date of Joining :

Presents Complaints :

Past History :

Personal History :

Family History :

GENERAL EXAMINATION

SKIN AILMENT :

EYES :

With glass(give the no.)

Without Glasses

BLOOD GROUP :

BLOOD SUGAR :

RESPIRATORY PROBLEM:

ANY CONTAGIOUS DESEASE:

DATE:

SIGNATURE OF EMPLOYEES