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E.S.I.C.

कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारतसरकार)
Employees' State Insurance Corporation
(Ministry of Labour & Employment, Govt. of India)



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Dated: 16.01.2023

To

DEAN/Medical Superintendent
ESIC Medical Colleges/Hospitals

Regional Directors
Regional Offices

Sub: Annual Preventive Health Check-up Programme for ESI Insured Persons/Insured Women (IPs/IW) aged 40 years and above.

Madam/Sir,

As you might be aware, during 186th meeting of ESI Corporation held on 4th Dec, 2021, Annual Preventive Health Check-up Programme for IPs/IW aged 40 years and above was launched by Hon'ble Minister of Labour and Employment/Chairman, ESIC on pilot basis from ESIC Hospitals Joka, Sanathnagar, Faridabad and Bapunagar. Later on, the programme was extended to other 5 hospitals.

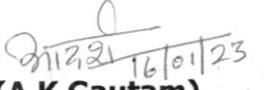
In this regard, now the scheme is to be extended in all ESIC Hospitals and Medical Colleges. Under the Programme various activities for IPs/IW are to be organized on daily basis at your hospital. Details of the programme including responsibilities of various stakeholders viz. ESIC Hospitals/Regional Offices/ICT/PR division etc. have been outlined as per programme enclosed.

Under the programme, various data including health record of the IPs/IW may be stored appropriately in the physical/electronic form as per available ICT infrastructure. The data so generated during health check-up is to be analysed for occupational diseases in locations/clusters. The same shall be shared with CLC and DGLW counterpart so that preventive actions in those clusters could be taken.

Additionally, the programme will be regularly monitored by Zonal Medical Commissioner and monthly report under the programme is to be sent to ESIC Hqrs at email med1-hq@esic.nic.in.

Accordingly, you are requested to set-up special cell for smooth execution, supervision and functioning of various activities under the programme with immediate effect. This issues with the approval of Competent Authority.

Encl: As above


(A K Gautam)

Assistant Director

Copy to: For compliance and necessary action

1. Zonal Medical Commissioners
2. DMC, ICT
3. Dy. Director (PR).

Annual Preventive Health Check-up Programme for ESI Insured Persons/Insured Women (IPs/IW) aged 40 years and above

ESI Scheme provides social security cover to Insured Persons/Insured Women (and their dependent family members) of the country by, inter-alia, providing medical benefits under various facets, i.e., preventive, promotive, curative and rehabilitative medical services. The need for preventive health services is becoming equally or more important in view of ever increasing Occupational/Industrial hazards and rapidly changing life-style of the people in the country.

Often “any dangerous health condition” does not show clear signs and symptoms until they become advanced (late stages). Early diagnosis can not only keep a check on health but also help address any potential complications in a timely manner. For example, a lot of disease (as well as financial) burden is due to illness of Heart, Kidney and other vital organs complications of diseases like Hypertension, Diabetes or Cancer which can be prevented merely by timely detection and thereby early management. In this regard, ESIC is making regularly making efforts for strengthening preventive health services for the benefit of IPs/IW.

To further strengthen these efforts, a dedicated programme focusing on preventive Health check-up of IPs/IW will go a long way in making workforce of the nation healthy besides saving high cost expenditure incurred on providing super specialty treatment needed for managing late complication of prolonged undiagnosed diseases. Accordingly, proposed details of the programme are as under: -

1. OBJECTIVES

Annual Preventive Health Check-up Programme for IPs/IW aged 40 years and above will be executed with following objectives:

- 1.1 To regularly conduct health check-up of targeted IPs/IW at ESIC/ESIS Hospitals through appointment system
- 1.2 To equip ESIC/ESIS hospitals with all required lab services and other related facilities for beneficiaries who are referred through screening camps for further investigation/management.

Above listed objectives are planned to be achieved through various interventions as outlined below.

2. ORGANIZATIONAL SET-UP

- 2.1 A special cell to be set up at ESIC/ESIS Hospital level to monitor and supervise the activities being undertaken in the programme. The cell will be headed by a senior Medical Officer (nominated as Nodal Officer for the programme) of the hospital. He / She shall be coordinating various activities under the programme.

- 2.2 The Cell shall also arrange training for doctors and other nursing & para-medical staff on organization of preventive health check-up programme. In this regard, Seminars/workshops may also be organized.

3. RESPONSIBILITY OF Medical Superintendent (MS), ESIC/ESIS HOSPITAL

- 3.1 MS will constitute health check-up team consisting of doctors from Medicine, Chest, Eye, Gynae & Obs and ENT department. Team of doctor to be adequately supplemented with required Nursing, Para-medical & other supporting staff.
- 3.2 The composition of team may vary depending upon the nature and size of the workload under the programme. Experts in the field from ESIC Hospitals/Medical Colleges may also be co-opted, if required.
- 3.3 Detailed activities for the execution of the programme will be worked out in advance in co-ordination with Regional Director, ESIC duly involving local Employers' and Employees' Association representatives. Employer shall be intimated in advance for scheduled appointments of IPs/IW under the programme.
- 3.4 Examination of the IPs/IW should be in accordance with the proper health record format as per Annexure 'A'.
- 3.5 Blood sampling for required tests shall be conducted with proper maintenance of digital record. Once lab testing of the sample is done, the report will be shared with the beneficiary immediately through digital mode/WhatsApp/email.
- 3.6 Screened beneficiaries needing further investigation/management will be referred to specialist/super-specialist OPD/department accordingly.
- 3.7 Simultaneously, health talks and health exhibition on preventive aspects of locally prevailing common diseases will also be arranged through posters and audio-visual material.
- 3.8 MS will regularly monitor and improve the functioning of special cell created for the purpose.

4. RESPONSIBILITY OF REGIONAL DIRECTOR (RD)

- 4.1 RD will prepare list of all IPs/IW aged 40 and above along with their contact details (mobile number) and will share this data with the MS of the attached Hospital.
- 4.2 After identifying establishment/factory locations prioritizing hazardous industries, RD will coordinate with employers and MSs for annual health checkup of IPs/IW at the hospital through appointment system.
- 4.3 Nearby ESIC/ESIS dispensaries are also to be roped in for health check-up and wide publicity to be given.

- 4.4 RD will also coordinate with respective Director, Insurance Medical services, to ensure implementation of programme through State-run ESIC Hospitals & Dispensaries once the programme is extended to all ESIC/ESIS Hospitals.
- 4.5 RD will also extend all required support to both ESIC and ESIS health system for smooth implementation of the programme.
- 4.6 RD to coordinate with Employers for provision of one-day special paid leave for beneficiaries who are referred to ESIC/ESIS Hospitals.

5. RESPONSIBILITIES OF THE EMPLOYER

- 5.1 Employer will encourage enrolment of targeted beneficiaries for the programme at scheduled date and time.
- 5.2 Employer will provide suitable place and other support for smooth conduction of the programme.
- 5.3 Employer will facilitate the beneficiaries by granting them one-day special paid leave.

6. RESPONSIBILITIES OF PR DIVISION

- 6.1 To provide wide publicity to the Programme by preparing Radio Jingles, Media Advertisement and spreading the message through various ESIC handles on Twitter, Facebook etc.
- 6.2 Posting of information related to the programme on ESIC website and other ESIC Apps.
- 6.3 Creating awareness amongst IPs on importance of preventive health check-up and life-style modifications.
- 6.4 Development of incentive scheme for ESIC/ESIS Hospitals delivering best services under the programme.

7. RESPONSIBILITIES OF ICT DIVISION

- 7.1 ICT Division to develop appropriate software for hassle-free feeding of data pertaining to preventive health check-up of IPs/IWs so that the same is easily retrievable and can be used by ESIC for policy planning on delivery of medical benefit.
- 7.2 Maximizing the utilization of digital platform for smooth and effective roll-out of the programme.

The programme, once implemented, shall be able to enhance health quotient of the Insured persons and thereby enhance economic growth and societal wellbeing of the country.

**ANNUAL PREVENTIVE HEALTH CHECK-UP FOR THE ESI INSURED
PERSONS/INSURED WOMEN AGED 40 YEARS AND ABOVE**

EMPLOYER NAME AND ADDRESS:

Name: Mr/Mrs/Miss

Age: Years

Sex: M F

IP Number:

Marital Status: Married Unmarried Widow/Widower Divorcee

Residential Address:

Tele contact: (R) _____ (M) _____

E-mail ID:

Blood Group:

History of Known illness/conditions (Tick appropriate Box)

Raised BP – Yes No If yes, Regular treatment – Yes No

DM – Yes No If yes, Regular treatment – Yes No

IHD – Yes No If yes, Regular treatment – Yes No

Stroke – Yes No If yes, Regular treatment – Yes No

CRF – Yes No If yes, Regular treatment – Yes No

Family History of DM HT Obesity

Life Style – Smoker – Yes No If yes, number of cigarettes per day –

Ex – Smoker Years of Smoking

Alcohol Yes No Any Alh. Hepatitis in Past

□

Regular Exercise Yes No

For more than 20 minutes at least 3 times a week

GENERAL PHYSICAL EXAMINATION:

Weight: (Kgs) Height: (mtrs) BMI:

Pulse: /minute BP: / mm of Hg Temp.: F

SYSTEMIC EXAMINATION FINDINGS

RESPIRATORY SYSTEM

CVS

ABDOMEN

CNS

LOCOMOTOR SYSTEM

DENTAL EXAMINATION

EYE EXAMINATION

DISTANT VISION

R

L

WITH GLASSES

R

L

NEAR VISION

FUNDUS EXAMINATION

LOCAL FINDINGS

DIAGNOSIS & ADVICE

ENT

ORAL CAVITY

NOSE

THROAT

LARYNX

DIAGNOSIS & ADVICE

UROLOGICAL EXAMINATION (FOR MEN ONLY)

GYNECOLOGICAL HEALTH CHECK-UP (FOR WOMEN)

HISTORY:

1. Periods: Regular / Irregular since days
 - Delayed / Polymenorrhagia L.M.P. days ago
 - Menstrual Flow: Normal / Scanty / Excessive
2. Discharge P/V : None / Mucoid / Purulent / Haemorrhagic
3. Mass protruding P/V : None / Present
4. Urinary complaints : None / Present
5. No. of Pregnancies :
6. No. of Deliveries :
7. No. of Abortions :
8. No. of LSCS :

PELVIC EXAMINATION (if indicated)

1. Local Examination :
2. Per Vaginum (P/V) :
3. Per Speculum (P/S) :

SURGICAL EXAMINATION

BREAST EXAMINATION: RIGHT LEFT

PRESENCE OF ANY LUMP

PAP SMEAR REPORT

INVESTIGATION REPORTS

INVESTIGATION	REPORT	NORMAL RANGE
1. <u>HAEMOGRAM:</u>		
• Haemoglobin		gms (14-17 gms M), (11-16 gms F)
• T.L.C.		(4000-11000/cmm)
• D.L.C.		
Polymorphs		(50 – 70 %)
Lymphocytes		(20 – 40 %)
Eosinophils		(1 – 4 %)
Basophils		(0 – 1 %)
Monocytes		(1 – 4%)
• Peripheral smear		
2. <u>URINE EXAMINATION:</u>		
• Colour		
• Albumin	Absent/Traces/+/++/+++	(Absent)
• Sugar	Absent/Traces/+/++/+++	(Absent)
• Microscopic Exam.		
3. <u>BLOOD SUGAR:</u>		
• Fasting	mg %	(70 – 100 mg%)
• Post-prandial	mg %	(80 – 110 mg%)
4. <u>LIVER FUNCTION TESTS:</u>		
• S. Bilirubin (Total)	mg %	(Upto 1.0 mg%)
• S. Bilirubin (Direct)	mg %	(Upto 1.0 mg%)
• S.G.O.T.	Units/L	(1 – 21 units / L)
• S.G.P.T.	Units/L	(7 – 27 units / L)
5. <u>KIDNEY FUNCTION TESTS:</u>		
Blood Urea	mg %	(7 – 18 mg%)
S. Creatinine	mg %	(0.6 – 1.2 mg%)
S. Uric Acid	mg %	(2 – 7 mg%)
6. ECG Report		

7. Chest X-ray

8. FOR MEN: PSA

ng / ml

(80 – 110 mg%)

SUMMARY OF THE MEDICAL REPORT

1.	Overall Health of the IP/IW	
2.	Any other remark based on the health medical check-up of the IP/IW	

Signature of Nodal officer (Special cell on Preventive Check-up) with Seal

Dated:

Place: