

**ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION**

Office of Commissioner, PTD &  
Ex-Officio VC&MD: APSRTC,  
RTC House, PNBS, Vijayawada.

No.P2/468(01)/2023-PO-III

**NOTIFICATION NO. PD –10/2023, DATED: 27.04.2023**

Sub: **HEALTH PROFILE** –Health profile records of all employees working in APPTD/APSRTC – Instructions – Reg.

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It is observed that medical unfit cases, deaths on account of chronic ill health, applications of employees seeking OD duties have been increasing in APPTD/APSRTC year after year, particularly after Covid-19 pandemic.

It is heartening to note that about 400 employees are succumbing to various chronic ailments every year. The number of employees proceeding on EoL and staying in long sicketc., on the grounds of ill health, have also reached alarming levels.

In consideration of the above details, it is decided to obtain the health profiles of all employees of APPTD/APSRTC, examine the health status of employees and initiate appropriate actions.

Therefore, all Depot Managers/Unit officers are advised

1. to collect the Health profile from all the employees working in respective units/depots, **in the format enclosed** to this notification, along with relevant physical copies of medical records/reports.
2. The data furnished by the employee in the declaration form shall be entered in the google form provided, by the PD Staff at depot/unit level, which will be consolidated at HO level.
3. On completion of the data entry as given at (2) above, the health profile declaration form along with relevant medical records/reports shall be sent through special messenger to CMO: VDPM for record.

All Depot Managers/Unit officers are advised to inform the contents of this notification to the employees through gate meetings, exhibition on notice boards etc., and ensure submission of information to HO by 15.05.2023.

Encl: As above

*Mula*  
28.4.2023  
**Commissioner: PTD**  
**Ex-Officio VC&MD: APSRTC**

Copy to all Officers



**APPTD - HEALTH PROFILE - DECLARATION OF EMPLOYEE**

<b>Name</b>		<b>Gender</b>		<b>Age</b>	
<b>Staff No.</b>		<b>Design</b>		<b>Unit</b>	
<b>DOB</b>		<b>DOA</b>		<b>DOR</b>	

<b>Health Issues</b>	<b>Status (YES/NO)</b>	<b>Health Issues</b>	<b>Status (YES/NO)</b>
BP		<b>Neurological Ailments</b>	
Sugar		Paralysis	
Asthma		Parkinsonism	
Cancer		Spondylitis	
<b>Heart Ailments</b>		Spine Surgery (Laminectomy, Discectomy)	
Open Heart surgery		Any Brain surgery	
Bypass surgery		<b>Ortho Problems</b>	
Stents		Malunion	
Pacemaker		Nonunion	
Any other Cardiac surgery		Arthritis	
<b>Kidney Ailments</b>		Loss of Limbs	
Dialysis		Any other Surgery(TKR,THR)	
Transplant		<b>Any other Physical Disability</b>	
Any other Kidney related surgery		<b>Previous OD details</b>	
<b>Vision Problems</b>		Application date	
Retina problems		Permitted OD Period, if any	
Glaucoma			

**Declaration:**

The above details related to my health condition are furnished based on my medical records. Relevant documents are enclosed.

**Signature of Depot Manager/  
Unit Officer**

**Signature of the employee**

**Stamp**