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70639/DGBR/Med/MS/Ruling

16 Aug 2023


HQ ADGBR (NW)
HQ ADGBR (East)

(All CEs Project)
GREF Records
BRO School & Centre, WBW,
EBW, ESD, WSD & R & D Estt (BRO)

REVISED POLICY OF MEDICAL EXAMINATION OF GREF PERSONNEL

1. The GREF Personnel serve in harsh terrain all their service, owing to the typical occupational requirements it is natural to develop or harbour some lifestyle disease. However, there has been no standard policy to subject all indls to a routine medical examination viz AME/PME as it exists in the Armed Forces. Hence, there was a need to formulate a comprehensive medical examination policy for AME/PME for all GREF pers.
2. It was being observed that natural causes due to life style diseases/chronic disease continues to be the major cause of mortality in GREF pers, with a predisposition of the age bracket of 46-55 yrs. There was a felt requirement to introduce a comprehensive Medical Examination policy to fill this gap, to hold a timely and scheduled medical screening with an aim to reduce the preventable mortality and loss of trained Karamyogis to the nation.
3. This policy is aimed to provide a more accurate and detailed picture of our Karamyogis, to indicate the functional capacity with a view to enable a better cadre management, early detection of diseases, treatment, follow-up and the employability.
4. This policy enhances the existing medical examination process by making a timely (annual) health check-up, incorporating some additional assessments, thus ensuring a better evaluation of the medical fitness of our Karamyogis. The approach will enable us to identify potential health concerns at an early stage when it may be latent (without producing an ill effect)and institute timely and curative measures to promote positive health and take preventive measures to minimize their impact on the indls and the Organization as a whole.

5. All Projects are requested to disseminate the contents of this policy upto platoon level for compliance.
6. This has the approval of DGBR.


(Naresh Dhawan)
Brig
DDG (Med)
for DGBR

Encls :As above

Copy to

HQ DGBR/Pers Dte	}	for info and necessary action alongwith copy of revised policy of med exam of BRO personnel.
HQ DGBR/Coord		
HQ DGBR/E1A	}	for info pl
HQ DGBR/EG2		

REVISED POLICY OF MEDICAL EXAMINATION OF GREF PERSONNEL

Introduction

1. The objective of Medical Examination (ME) is to detect disease at an early stage when it may be latent (without producing any ill effect) and institute timely preventive and curative measures to promote positive health. For officers - it is the officer himself/herself who is responsible for his/her yearly ME done as per the schedule given in this policy. For JCO/OR equivalent (GREF) – It is for the OC/Cdr/CE of the unit /TF/Proj to ensure ME of all unit of indl will only be carried out by the Authorised Medical Attendant (AMA) of the unit.

2. Following med exam be implemented in BRO to minimize high morbidity and mortality: -

S/No	Subject	Remarks
(a)	Med Examination (AME/PME) : GREF Pers	Appx 'A'
(b)	Annual Medical Exam of Group 'A' Officers of age of 40 yrs and above	Appx 'B'
(c)	Follow up of GREF Officers and Subordinate placed in LMC.	Appx 'C'
(d)	Antenatal Check-up and follow up of pregnant woman.	Appx 'D'
(e)	Recruitment Medical Exam: GREF Pers	Appx 'E'
(f)	Recruitment / Medical Examination of CPLs	Appx 'F'
(g)	Recruitment Medical Exam of Physically Handicapped candidates.	Appx 'G'
(h)	Policy on Medical Examination in High Altitude Area (HAA)	Appx 'H'

ANNUAL MEDICAL EXAM/ PERIODIC MEDICAL EXAM

3. All GREF Offrs/subordinates are to be encouraged to undergo Annual Medical Examination once in a calendar year. A complete clinical examination and investigation as per medical proforma att as **Annexure 'I'** & Health Record Card (HRC) will be annually carried out by the Authorised Medical Attendant (AMA) for Officers and Health Record Card (HRC) as **Annexure -II** for GREF Subordinates. The details and findings including medical advice, if any, will be entered in the Health Record Card (HRC) for GREF Officers below 40 years of age as per **Annexure 'I'** will be filled up, in addition to HRC. In case during the AME/PME, the AMA finds that the GREF indl requires specialized investigations / treatment reference will be made to the nearest entitled hospital where such medical facilities are available. The AMA will suitably advise the GREF indl if a minor disability is noted during ME and record it on Medical Form/Health Record Card Proforma, att as **Annexure II**. If AMA is of the view that the existing medical classification of an indl needs to be changed he/she will refer the indl to appropriate specialist of Service Hospital. After clinical examination and investigation, the concerned specialist will write his/her opinion and recommendations about the medical classification of the indl and a Medical Board will be held accordingly. The Medical Board papers will be submitted to the approving authority as per HQ DGBR policy on Medical Classification.

Conduct of AME/PME.

4. Conduct of AME/PME shall be done in following ways:-

- (a) The GREF Officers / Subordinate will ensure availability of Annexure-I previous year's AME/PME and their health report card when they report for AMA.
- (b) AME/PME by a single Medical Officer / specialist is adequate when an GREF Officer / Subordinate is in medical classification SHAPE-1 (GREF-1).
- (c) The indl who is being examined will certify his/her previous year's medical classification on Annexure-I/ HRC and the Medical Officer examining him/her will endorse the present medical classification on completion of AME/PME. The Medical Officer conducting the AME/PME will also maintain a register where results of medical examination will be recorded.
- (d) Whenever a Reclassification Medical Board is due during the period of AME/PME, Reclassification Medical Board will be held first. Once it is perused & then AME/PME will be held. If this process is going to take more than the stipulated 6 months of time during which AME/PME is to be completed, both AME/PME to be carried out during Reclassification Medical Board, time period notwithstanding.

(e) The body weight of indl will be checked as per chart given in **Annexure-III**.

(f) AME/PME will be recorded in duplicate for GREF Officers and the documents will be disposed by the AMA to the unit of the indl for further distribution will be :-

(i) Office Copy

(ii) Indl Copy

(g) AME/ PME will be recorded in Health Record Card (HRC) in r/o GREF Subordinates.

(h) The following investigations will be carried out during AME/PME for all GREF Officers/ Subordinates as per the age group:-

S. No	Age Group	Type of Med Exam	Investigation	Remarks
(i)	Upto 40 yrs completed	AME (every yr)	Hb, BS (R), Urine Dipstick test for Sugar & Proteins	
(ii)	40 yrs 01 day to 45 yrs (Completed)	AME # (every yr)	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile	
(iii)	45 yrs 01 day to 46 yrs (Completed)	PME*	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile, KFT, LFT, X-ray Chest, ECG Resting	
(iv)	46 yrs 01 day to 50 yrs (Completed)	AME (every yr)	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile	
(v)	50 yrs 01 day to 51 yrs (Completed)	PME*	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile, KFT, LFT, X-ray Chest, ECG Resting	
(vi)	51 yrs 01 day to 55 yrs (Completed)	AME (every yr)	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile	
(vii)	55 yrs 01 day to 56 yrs (Completed)	PME*	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile, KFT, LFT, X-ray Chest, ECG Resting	
(viii)	56 yrs 01 day to 60 yrs (Completed)	AME (every yr)	CBC, BS (R), Urine Dipstick test for Sugar & Proteins, Lipid Profile	
(ix)	Group 'A' Officers of age of 40 yrs and above		AME to be conducted As per Appx 'B'	

Group 'A' Officers of age of 40 yrs and above - AME to be conducted as per Appx 'B'

* The aim of carrying out PME is to ensure an GREF Personnel is periodically examined in detail for early detection and cure of any disease.

(h) During AME/PME of all lady GREF Officers/ Subordinates will be examined by Gynaecologist and this will be recorded in AME documents.

(j) Necessary specialized investigations and specialist's opinion shall be obtained with a referral by the AMA from a nearest Govt hospital / CGHS empanelled Pvt hospital and the expenditure incurred shall be reimbursed through proper channel. CGHS empanelled Pvt hospital offering concessional rates shall be identified and MOU may be arrived at with the approval of CEs Project.

5. In addition to above it is also to be ensured that the Annual Medical Report in prescribed format duly prepared and signed by the Medical Authority as envisaged in para 4 of Govt of India, Min of Personnel, Public Grievance and pensions, DoPT, OM No 21011/1/2009-Estt (A)-Part dt 01 Feb 2012 (copy enclosed as Appx 'J') be attached to the APAR of the concerned Officer every year in r/o Group 'A' Officers.

6. After the completion of AME/PME the GREF Personnel shall report to the AMA for finalization of medical category using SHAPE factor.

7. Necessary endorsement regarding AME/ PME will be mentioned in movement order of indl while posting out. AME/ PME is not a legal binding but an administrative mandatory requirement for ensuring good health and physical fitness.