

MEDICAL EXAMINATION REPORT

Candidate proposed to be appointed as:

Signature of the Candidate in full:

Date of Birth:

Declaration :

1. Whether any member of his/her Identity is suffering or suffered from T.B. and malignant Disease. :
2. Whether he/she had syphilis or Venereal disease. :
3. Whether he/she is suffering from Epilepsy :
4. Any other serious type of previous ailments :
5. Any abnormality in the menstrual function and uterus function or whether she is pregnant (in case of female candidates) :

Measurements and Weight

1. Height :
2. Weight :
3. Chest :

Central confirmation

1. Vision :
2. Teeth and Gum :
3. Hearing :
4. Lungs. :
5. Pulse Rate :
5. Heart Block - pressure (If necessary) :
6. Liver :
7. Spleen :
8. Hernia :
9. Tonsil :
10. Hydrocele :
11. Examination of breast (in case of female candidates)
12. Glycosuria (in case of Officers) :
13. Albuminuria (in case of Officers) :
14. Identification mark :

Certificate

I consider that the Candidate Sri/Smt.....
S/o,W/o.....is medically Fit/Unfit

Place:
Date:

Signature of the Medical Officer
With Seal