

## **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 :

### **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 :

**Medical fitness certificate from Medical Officer of Primary/Sub-sidiary Health centre,sub divisional/District Hospital is acceptable to the bank.**

Certificate

I consider that the Candidate Sri/Smt.....

S/o,W/o.....is medically Fit/Unfit.

Place:

Signature of the Medical Officer

Date:

