

Affix

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**MEDICAL EXAMINATION**(On Admission to Government Service in terms of  
Article 49 of Civil Service Regulations)

I hereby certify that I have examined Shri/Smt/Ms \_\_\_\_\_  
a candidate for employment as \_\_\_\_\_ in  
Naval Dockyard, Visakhapatnam and cannot discover that he/she has any disease  
communicable or otherwise constitutional weakness or infirmity or bodily infirmity except  
\_\_\_\_\_. I do not consider this is a disqualification for employment as  
\_\_\_\_\_. His/her age according to his/her own statement is \_\_\_\_\_  
years and by appearance about \_\_\_\_\_ years.

Signature of Medical Officer  
Office Seal

Date: \_\_\_\_\_

II

I hereby certify that to the best of my knowledge and belief my age is \_\_\_\_\_ years.

**Marks of Identification:**

1.

2.

Signature or Left Thumb Impression  
Of the individual

Surname &amp; Name \_\_\_\_\_

in capital letters \_\_\_\_\_

Date: \_\_\_\_\_

### CANDIDATE'S STATEMENT AND DECLARATION ✓

(The candidate must take the statement required below prior to medical examination and must sign the declaration appended thereto, his attention is specially directed to the warning contained in the note below)

1. State your name in full \_\_\_\_\_  
(In Block letters)
2. State your age and place of birth \_\_\_\_\_
3. (a) Have you ever had smallpox, any other intermittent fever, enlargement or suppuration of glands, spitting of blood, asthma, heart fainting attacks, rheumatism, appendicitis and \_\_\_\_\_
- (b) Any other disease OR accident requiring confinement to bed, \_\_\_\_\_ medical or surgical treatment \_\_\_\_\_
4. When were you last vaccinated \_\_\_\_\_
5. Have you or any of your near relations been afflicted with consumption Sorefula, Gout, asthma, fits, epilepsy or insanity \_\_\_\_\_
6. Have you been examined and declared unfit for Government service by Medical Officer/Medical Board with the last three years \_\_\_\_\_
7. Have you suffered from any form of the nervousness due to over work or any other causes \_\_\_\_\_
8. Furnish the following particulars concerning to your family :-

Father's age if staying and state of health	Father's age at death and cause of death	No. of brothers living their ages and state of health	No. of brothers dead their ages of death and cause of death

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Mother's age if staying and state of health	Mother's age at death and cause of death	No. of sisters living their ages and state of health	No. of sisters dead their ages of death and cause of death

I declare all the above answers to the best of my belief are true and correct. I also solemnly affirm that I have not received disability certificate pension on account of any disease of their condition.

1) Signature of Candidate \_\_\_\_\_

2) Signed in my presence \_\_\_\_\_

3) Signature of Medical Officer \_\_\_\_\_

(Note: The candidate will be held responsible for the accuracy of the above Statement by willfully suppressing any information he will incur the risk of losing the appointment and if appointed for re-filling all claims to superannuation allowances or gratuity.

## PHYSICAL EXAMINATION

1. General Development: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- Nutrition: Thin \_\_\_\_\_ Average \_\_\_\_\_ Obese \_\_\_\_\_
- Height (without shoes) \_\_\_\_\_ Weight \_\_\_\_\_
- Any recent change in weight ? \_\_\_\_\_
- Temperature \_\_\_\_\_
- Girth of Chest:-
- (a) (After full inspiration) \_\_\_\_\_
- (b) (After full expiration) \_\_\_\_\_

2. Skin: Any obvious disease \_\_\_\_\_
3. Eyes:
- (1) Any disease \_\_\_\_\_
  - (2) Night Blindness \_\_\_\_\_
  - (3) Defect in colour vision \_\_\_\_\_
  - (4) Field of vision \_\_\_\_\_
  - (5) Visual Acuity \_\_\_\_\_
  - (6) Colour Perception \_\_\_\_\_

Acuity of vision	Naked eye	With glasses	Strength glasses		
			Sp.	Cyl.	Axis
Distant R.E. Vision L.E.					
Near R.E. Vision L.E.					

Hypermetropia (Manifest)

R.E.

L.E.

- 
4. Ears : Inspection \_\_\_\_\_ Hearing Right Ear \_\_\_\_\_  
Left Ear \_\_\_\_\_
5. Glands \_\_\_\_\_ Thyroid \_\_\_\_\_
6. Condition of teeth \_\_\_\_\_
7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs: If yes, explain fully.

## CIRCULATORY SYSTEM

8. (a) Heart: Any organic lesions? ✓  
Rate \_\_\_\_\_ Standing \_\_\_\_\_  
After hopping 25 times \_\_\_\_\_  
2 minute after hopping \_\_\_\_\_  
(b) Blood pressure: Systolic \_\_\_\_\_  
Diastolic \_\_\_\_\_
9. Abdomen Girth \_\_\_\_\_ Tenderness \_\_\_\_\_ Hernia \_\_\_\_\_  
(a) Palpable : Liver \_\_\_\_\_ Spleen \_\_\_\_\_ - Kidneys \_\_\_\_\_ Tumors \_\_\_\_\_  
(b) Hemorrhoids \_\_\_\_\_ Fistula \_\_\_\_\_
10. Nervous system: Indications of nervous or mental disability
11. Locomotor System: Any abnormality \_\_\_\_\_

12. Genito Urinary System                      Any evidence of hydrocele  
Varicocele, etc. \_\_\_\_\_
- 
- |                               |                  |
|-------------------------------|------------------|
| (a) Physical appearance _____ | (b) Sp. Gr _____ |
| (c) Albumin _____             | (d) Sugar _____  |
| (e) Casts _____               | (f) Cells _____  |
- 

13. Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

14. State whether the candidate is:
- (i) Fit \_\_\_\_\_  
(ii) Unfit on account of \_\_\_\_\_  
(iii) Temporarily unfit on account of \_\_\_\_\_

Name and Designation of the Medical Officer

Station:

Date

**Note:-** In the case of female candidate: If it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit.

**INVESTIGATION FORM**

**RECRUITMENT MEDICAL ND (V) FOR POST OF: \_\_\_\_\_**

NAME :

AGE :

TRADE :

NO :

DATE :

URINE

RE / ME

REFERRED TO \_\_\_\_\_

SEAL

MEDICAL OFFICER