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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 & 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 your 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 Sorfula, 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

.....//2//-

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