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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: _____

Government service, the authority which directs him for medical examination should also attach with the form of the medical certificate a declaration form, as indicated below, which is to be filled in by the candidate concerned in the presence of the Medical Officer.

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his 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, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, and appendicitis? : _____

Or

- (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment? : _____
4. When have you last vaccinated? : _____
5. Have you or any of your near relations been afflicted with consumption, scrofula, asthma, fits, epilepsy or insanity? : _____
6. Have you suffered from any form of nervousness due to overwork or any other cause : _____
7. Have you been examined and declared fit for Government service by a Medical Officer / Medical Board, within the last three years? : _____
8. Furnish the following particulars concerning your family :- : _____

| Father's age if living 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 at death and cause of death |
|--|--|--|--|
| | | | |

| Mother's age if living 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 at death and cause of death |
|--|--|---|---|
| | | | |

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition: -

Candidate's Signature _____

Signed in my presence _____

Signature if Medical Officer _____

NOTE: The candidate will be held responsible for accuracy of the above statement. By willfully suppressing any information he/ she will incur the risk of losing the appointment and, if approved, of forfeiting all claim 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