

MEDICAL FITNESS CERTIFICATE

(Reference Article 49 CSR read with Navy Order 9/68(Civ.))

1. I hereby certify that I have examined Shri/Miss/Smt _____ candidate for employment in the Navy as _____ and cannot discover that he/she has disease (communicable or otherwise) constitutional weakness or bodily infirmity except _____.
2. I do not consider this a disqualification for employment in the Navy. His/Her age according to his/her statement is _____ years and by appearance about _____ years.
3. Identifications marks :-
 - (a) _____
 - (b) _____
4. I consider that he/she is fit for Govt. service and also for Field Service.
5. Candidate's signature _____.

Signature : _____

Name of the Medical Officer

Seal

Mumbai-

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 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

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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 loosing the appointment and if appointed for re-filling all claims to superannuation allowances or gratuity.