

Affix a signed Passport
size copy of recent
photograph here

MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE : _____

NAME OF THE POST : _____

ENTERANCE EXAMINATION : _____

ROLL NO. : _____

ADDRESS OF THE CANDIDATE : _____

SESSION : _____

CHAIRMAN OF THE BOARD

Date:

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement below prior to his Medical Examination and must sign the Declaration appended there to. His attention is specially directed to the warning contained in the note below:-

- 1 State your Name : _____
(in Block letter)
- 2 State your age and birth place : _____
- 3 Are you ? : _____
Single / Married / Widow/ Widower
- 4 Name the disease you have : _____
suffered in the past
- 5 Are you being treated for any : _____
disease at present
- 6 Have any of your near relation : _____
been afflicted with insanity
tuberculosis, diabetes mellitus,
allergic disorders gout,
excessive bleeding
- 7 Are you allergic to any : _____
substance/ drug
- 8 Have you been immunized : _____
against the mentioned disease
please give date of vaccination
 1. Small Pox : _____
 2. Polio : _____
 3. Diphtheria : _____
 4. Tetanus : _____
 5. Tuberculosis : _____
 6. Others : _____

All the above answers are to the best of my belief, true and correct.

Candidate's Signature

Name of the Candidate: _____

- Note:**
1. The candidate will be held responsible for the accuracy of the above statement.
By willfully suppressing any information will incur the risk of loing the admission.
 2. Please put your name on all the pages indicated.

PHYSICAL EXAMINATION

1. General development _____ Good _____ Fair _____
_____ Poor _____ Height (without shoes) _____

Weight _____ Temperature _____

Girth of chest

- 1) After full inspiration _____
- 2) After full expiration _____

2. Skin : Any envious disease _____

3. Eyes:

1. Any disease _____
2. Night blindness _____
3. Defect in color vision _____
4. Field of vision _____
5. Visual acuity _____

Acuity of Vision	Naked Eye	With Glasses	Strength of Glass		
			Sph.	Cyl.	Axl.
Distant Vision					
R.E.					
L.E.					

OPHTHALMOLOGIST OPINION

Fit / Unit

SIGNATURE OF OPHTHALMOLOGIST

ENT EXAMINATION

4. Ear _____
Right Ear _____ Left Ear _____
Nose _____
Throat _____

SIGNATURE OF ENT SPECIALIST

Name of the Candidate: _____

5. Lymph glands _____ Thyroid _____

6. Condition of teeth _____

7. Respiratory system, Does physical examination reveal anything abnormal the respiratory, if yes, explain fully.

8. Circulatory system, Pulse/min _____ B.P. _____

9. Heart: any Organic lesions

Abdomen: _____ Tenderness _____

Harnin: _____

a) Palpable:

Liver _____ Spleen _____ Kidneys _____

Tumors _____

10. Nervous System:

11. Loco-Motor System : Any abnormality

12. Genito-Urinary System : Any evidence of Hydrocele/Varicocele

13. Urine Analysis

- | | |
|---------------|------------|
| a) Appearance | b) AP. Gr. |
| c) Albumin | d) Sugar |
| e) Casts | f) Cells |

14. Mental Health:-

1. Adjustment _____

2. Emotional Problems _____

3. Substance Abuse _____

4. Psychotic disorder _____

15. Any Other:

Name of the Candidate: _____

Affix a signed Passport
size copy of recent
photograph here

FINAL ASSESSMENT OF THE BOARD

(The Board should record their findings under one of the following three categories)

i. Fit for pursuing the course/appointment :-

ii. Unfit for pursuing the course/ appointment on account of :-

iii. Temporarily unfit on account of :-

CHAIRMAN : Dr.Rakesh Kakkar

MEMBER (PHSICIAN) : Dr.Manuj Sarkar

MEMBER (SURGEON) : Dr. Naresh Kumar

MEMBER (OPHTHALMOLOGIST) : Dr. Pratyusha Ganne

MEMBER (GYNECOLOGIST) : Dr. Naina Kumar

MEMBER (ENT) : Dr. Satvinder Bakshi

MEMBER (PSYCHIATRIST/ : Dr. Vijay Chandra Reddy A

DATE :