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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, Mumbai 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. State if you are you pregnant for 12 weeks standing or over (applicable for Female Candidates). : \_\_\_\_\_
- 9. 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
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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
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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

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 \_\_\_\_\_  
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12. Genito Urinary System Any evidence of hydrocele  
Varicocele, etc. \_\_\_\_\_  
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- (a) Physical appearance \_\_\_\_\_ (b) Sp. Gr \_\_\_\_\_
- (c) Albumin \_\_\_\_\_ (d) Sugar \_\_\_\_\_
- (e) Casts \_\_\_\_\_ (f) Cells \_\_\_\_\_  
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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 (Mb) FOR POST OF: \_\_\_\_\_**

NAME :

AGE :

TRADE :

NO :

DATE :

URINE RE / ME

SEAL

MEDICAL OFFICER