



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



Medical Report Form for examination of candidates for Gazetted Services

A. Candidate's statement and declaration

The Candidate must make the statement required being prior to his/her Medical examination and must sign the Declaration appended thereto. His/her attention is specially directed the warning contained in Note below:-

- 1 State your name in full
(In block letter)
2. State your age and birth place.
 - a) Do you belong to Scheduled Tribes or to races such as Gurkha, Garwalis, Assamese, Nagaland, Tribals etc. Whose average height is distinctly lower Answer 'Yes' or 'No' and If the answer is 'Yes' state the name of the tribe/race.
3. (b) Have you ever had small pox intermittent or any other fever, enlargement or suppuration or glands, spitting or blood, asthma, heart diseases, Lung disease, fainting attacks, rheumatism, appendicitis ?

OR

 - (a) Any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. When were you last vaccinated ?
5. Have you suffered from any form of nervousness due to over work of any other cause?
6. 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 and cause of death.
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CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



Mother's age if Living and state Of health.	Mother's age at death and Cause of health	No. of sisters living their ages and state of	No. of sisters dead, their ages at and cause of Health
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7. Have you been examined by a Medical Board before ?
8. If answer to the above is Yes, please state that service/services you were Examined for?
9. who was the examining authority?
- 10 When and where was the medical board held?
- 11 Resume Medical Board's examination if communicate to you or if Known,
All the above answers are to the best of my belief, true and correct.

Candidate's signature_____

Signed in my presence.

Signature of Chairman of the Board

NOTE:- The candidate will be held responsible for the accuracy of the above statement .By willfully suppressing any information he/she will incur the risk of losing the appointment and ,if appointed, of forfeiting all claims to Superannuation Allowance Or Gratuity

B. Report of the Medical Board on (name of the candidate).

Physical Examination

1. General development: Good_____ Fair _____

Poor_____ Nutritions_____ Thin _____

Average_____ Obes _____ Height _____ (Without Shoes)

_____ Weight _____ Best Weight _____

When _____ any recent change in weight ?

Temperature _____



CHANDIGARH ADMINISTRATION HEALTH DEPARTMENT



Girth of Chest

(1) (After full inspiration) _____

(2) (After full expiration) _____

2. Skin: Any obvious disease _____

3. Eyes (1) Any Disease _____

(2) Night Blindness _____

(3) Defect in Color Vision _____

(4) Field of Vision _____

(5) Visual Acuity _____

(6) Funds Examination _____

Acuity of vision	Naked Eye	With Glasses	Strength Sph	of Axis	Classes	By
Distant Vision	Right Eye					
	Left Eye					
Near Vision	Right Eye					
	Left Eye					

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 _____

8. Circulatory System: _____

(a) Heart: Any organic lesions ? _____

Rate: Standing _____

After hopping 25 times. _____

3 minutes after hopping _____

(b) Blood pressure: Systolic _____, Diastolic _____



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



9. Abdomen : Girth _____ Tenderness _____
Hernia _____
- (a) Palpable : Liver _____ Spleen Kidneys _____
Tumors _____
- (b) Hemorrhoids _____ Fistula _____
10. Nervous System: Indications of nervous or mental disabilities

- 11 Loco-Motor System: Any abnormality _____
- 12 Genito Urinary System : any evidence of Hydrocele varicocle etc.
Urine Analysis :
- (a) Physical appearance _____ (b) Sp. Gr. _____ (c) Albumin _____
- (c) Sugar _____ (e) Casts _____ (f) Cells _____
13. Report of Screening/X-Ray examination of Chest _____
14. 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 of which he/she is a candidate?
15. (i) State the service for which the candidate has been examined :-
- (a) Indian Administrative Service and Indian Foreign Services _____
- (b) IPS & Delhi Himachal Pradesh Police Service _____
- (c) Central services, Class I & II _____
- (d) Indian Forest Service _____
- (ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in
- (a) Indian Administrative Service and Indian Foreign Service _____
- (b) IPS & Delhi Himachal Pradesh Police Service _____
(See especially height, Chest girth eye sight colour blindness and locomotive system).
- (c) Transportation Traffic and Commercial Departments of the Indian Railways



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



- (d) (See especially height, Chest, eye sight, colour blindness).
Other Central Service Class I & II _____
- (e) Indian Forest Service _____
- (iii) Is the candidate fit for FIELD SERVICE _____

Note The board should record their findings under one of the following three categories:

- (i) _____ Fit
- (ii) Unfit on account of _____
- (iii) Temporarily unfit on account of. _____

Space of Photograph

Place _____

Dated _____

Mark Identification

Signature's of Candidate

Chairperson _____

Member _____

Member _____



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



PROVISIONAL

Signature of Candidate _____.

Certified that _____

S/o _____ whose

signatures are given above appeared before the Standing Medical Board on _____

and declared fit for the post of _____ in the Department of _____

Place : Chandigarh

Dated
Principal Medical Officer
General Hospital, Sector 16

Chandigarh

PROVISIONAL

Signature of Candidate _____.

Certified that _____

S/o _____ whose

signatures are given above appeared before the Standing Medical Board on _____

and declared fit for the post of _____ in the Department of _____

Place : Chandigarh

Dated
Principal Medical Officer
General Hospital, Sector 16

Chandigarh