

CENTRAL STANDING MEDICAL BOARD  
HOSPITAL

Name of the candidate : \_\_\_\_\_

FOR OFFICE USE ONLY

REPORT OF THE MEDICAL BOARD

1. General Development : Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
 Nutrition : Thin \_\_\_\_\_ Average \_\_\_\_\_ Obese \_\_\_\_\_  
 Height (without shoes) \_\_\_\_\_ Cms. Weight \_\_\_\_\_ Kgs.

2. Width of Chest : i) After full Inspiration : \_\_\_\_\_ Cms.  
 ii) After full Expiration : \_\_\_\_\_ Cms.

3. SKIN : Any disease \_\_\_\_\_

4. Eyes : i) Any disease \_\_\_\_\_ ii) Night Blindness \_\_\_\_\_  
 iii) Defect of Colour Vision \_\_\_\_\_ iv) Field of Vision \_\_\_\_\_  
 v) Visual Acuity \_\_\_\_\_ vi) Fundus Examination \_\_\_\_\_

Acuity of Vision	Naked Eyed	With Glasses	Power of Glasses		
			SPH	CY	AXIX
<b>Distance Vision</b>					
R.E.					
L.E.					
<b>Near Vision</b>					
R.E.					
L.E.					

Distance Vision

R.E.

L.E.

Near Vision

R.E.

L.E.

5. Ears : Inspection \_\_\_\_\_ Hearing Right Ear \_\_\_\_\_  
 Left Ear \_\_\_\_\_

6. Glands \_\_\_\_\_ Thyroid \_\_\_\_\_

7. Condition of teeth : \_\_\_\_\_

8. Respiratory System : Does physical examination reveal any abnormality

If yes, explain fully \_\_\_\_\_

9. Circulatory System :

- (a) Heart : Any organic lesions ? \_\_\_\_\_ Pulse Rate : Standing  
After hopping 25 times
- (b) Blood pressure : Systolic \_\_\_\_\_ mmhg Diastolic \_\_\_\_\_ mmhg

10. Abdomen : Girth \_\_\_\_\_ Cms. Tenderness \_\_\_\_\_ Hernia \_\_\_\_\_

- (a) Liver \_\_\_\_\_ Spleen \_\_\_\_\_  
Kidneys \_\_\_\_\_ Tumours if any \_\_\_\_\_

(b) Haemorrhoids \_\_\_\_\_ Fistula \_\_\_\_\_ Fissure \_\_\_\_\_

11. Nervous System : Indication of nervous or mental disability

12. Loco-Motor System : Any abnormality \_\_\_\_\_

13. Genito Urinary System : Any evidence : i) Hydrocele \_\_\_\_\_  
ii) Varicocele etc. \_\_\_\_\_

URINE EXAMINATION

- A. Physical Appearance : \_\_\_\_\_ B. Sp. Gr. \_\_\_\_\_ C. Albumin \_\_\_\_\_  
D. Sugar \_\_\_\_\_ E. Casts \_\_\_\_\_ F. Cells \_\_\_\_\_ G. Any other \_\_\_\_\_

14. Report of X-Ray Chest examination : \_\_\_\_\_

15. Is there anything abnormal in the health of the candidate which is likely to render him/her unable for the efficient discharge of his/her duties in the service of which he/she is a candidate :-

16. Note : In the case of a female candidate, if its found that she is pregnant cannot declared temporary unfit vide their office Memorandum No. 14034/4/84/Estt.(D) dated 13.2.1985, Deptt. of Personnel and Administrative - Reforms, New Delhi - 110 001.

17. (i) State of service for which the candidate has been examined for : \_\_\_\_\_

(ii) Is the candidate fit for field service : \_\_\_\_\_

(iii) Central Service Group A & B : \_\_\_\_\_

NOTE : The Board should record their findings under one of the following three categories :-

- (i) Fit for the post  
(ii) Unfit on Account of : \_\_\_\_\_  
(iii) Temporarily unfit on account of : \_\_\_\_\_

Dated :

Place :

CHAIRMAN

MEMBER

MEMBER

CANDIDATES STATEMENT AND DECLARATION

1. Name of the candidate:  
(In Block Letters) \_\_\_\_\_
2. State your age & birth of place: \_\_\_\_\_
3. Have you ever had small pox intermittent or any other fever, enlargement of Suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism appendicitis? \_\_\_\_\_

OR

Any other disease or accident requiring confinement to bed and medical or surgical treatment? \_\_\_\_\_

4. When you were last vaccinated? \_\_\_\_\_
5. Have you suffered from any form of nervousness due to over work or may other cause ? \_\_\_\_\_
6. Have you or any of your relatins been afflicted with consum-  
ption, scrofula, Gout, Asthma, fits, epilepsy or insanity  
\_\_\_\_\_
7. Have you been examined & declared fit for Govt. Service by  
a Medical Board within last three years? \_\_\_\_\_
8. Furnish the following particulars concerning your family?

Father's age if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages & state of health	No. of brothers dead, their ages at death & cause of death
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Mother's age if living & state of health	Mother's age at death & cause of death	No. of Sisters living, their ages & state of health	No. of Sisters dead, their ages at death & cause of death
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I declare all the above answers to be, the best of my knowledge and 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 \_\_\_\_\_

Sign of the *Chairman*,  
Central Standing Medical Board:

I do hereby certify that I have examined \_\_\_\_\_  
a candidate for employment in the Department and cannot discover  
that he has any disease, (communicable or otherwise) constitu-  
tional affection, or bodily infirmity, except \_\_\_\_\_  
I do not consider this a disqualification for employment, in the  
office or \_\_\_\_\_.

His age is, accordingly to his own statement, \_\_\_\_\_  
years, and by appearance about \_\_\_\_\_ years.

Left	hand	thumb	and	finger	Impression
Fourth or	Third	Second		First	
small finger	finger	finger		finger	

Thumb

Signature:

Taken before  
Name of officer \_\_\_\_\_  
Designation of Officer \_\_\_\_\_  
on (Date) \_\_\_\_\_

Name of Officer \_\_\_\_\_

Caste or Race \_\_\_\_\_

Residence \_\_\_\_\_

Father's name and residence \_\_\_\_\_

Date of birth by Christian are  
as nearly as can be ascertained \_\_\_\_\_

Exact height by measurement: \_\_\_\_\_

Personal Marks for identification \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Signature of the Head of Office. \_\_\_\_\_