ANNEXURE-1

MEDICAL EXAMINIATION REPORT

Name of the candidate:		Grade /Post:	
Age:		Date of Examination:	
Date of Birth: Sex: MALE/FEMALE		Height cms	Weight Kg
Marital Status: Married/Unmarried:		Ideal weight	
Identifications Marks: 01. 02		Female cases a) Period b) LMP	
1.General Appearance: Chest-Normal: cms Inspiration: cms		EYES Vision Acuity of Vision	RE LE
2. Apparent Deformity, if any		Distant Vision Near Vision Colour Vision Any others	
BP		EARS	
Pulse		Hearing	
Skin		Normal/Defection	
Lymphenodes		ANY OTHERS	
Heart		Hernia	
Lungs		Hydrocele	
Abdomen		Piles/Fissures	
Liver		Genitalia	
Spleen		INVESTIGATION	
Teeth & Gum		URINE	
SKELETAL		SUGAR	
Upper Extremity		AIB	
Lower Extremity		Blood Group	
Spine		Hb%	
Any other findings		Signature of Medical Officer Date	
X-ray Chest PA view			
Blood Sugar(Fasting)			
Remarks: FIT/TY.UNFIT/UNFIT			