

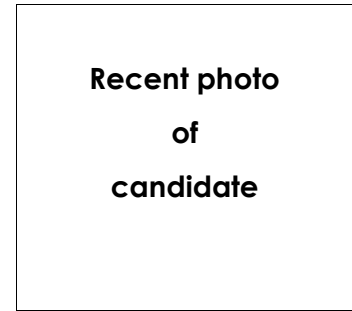
MEDICAL REPORT

CONFIDENTIAL

Date :

Name of Candidate Mr./Miss/Mrs. _____

Address _____



Age _____ Sex _____

Identification mark _____

Signature of the candidate _____
(to be signed before the Doctor)

Past History – Name of the family members suffering from – since when

- | | |
|-----------------|---|
| 1. | |
| 2. | |
| 3. | |
| Hypertension | Cancer |
| Mental diseases | Cardiac Ailment |
| Asthama | Paralysis |
| Skin Diseases | Tumor |
| Tuberculosis | Pleuresy |
| Leprosy | Major Accident /
Surgical operations |

General Examination

- | | |
|--------|-------------|
| Built | Height |
| Weight | Conjunctive |
| Pulse | Tongue |
| Nails | |

Systemic Examination

- | | |
|------------------------|------------------------|
| Cardio Vascular System | B.P. |
| | Heart Sounds |
| | Murmurs |
| | Peripheral circulation |
| | Abnormal Findings |

Respiratory System

- Inspection
- Percussion
- Palpaiton

Per Abdomen	Operative Scar
	Hernia
	Hydrocele
	Liver
	Spleen
	Any finding
Central nervous System	
Ear, Nose, Throat	
Ophthalmic Examination	Eye sight
	Colour Blindness
	Squint
	Abnormal findings
Gynaecological Examination	M.C.
	Last M.C.
	Obstetric History
	Abnormal findings
Urine Sugar	
Albumin	
Advice to the candidate for the of abnormal findings.	
Recheck	
Consultant's Opinion	
Remarks	
Opinion- In my opinion Mr./Mrs./Miss _____ Is physically & mentally fit/Unfit to join his/her service.	

SIGNATURE

NAME:

Qualification

Registration No.

Address

Date: