

Certificate of Physical Fitness by A Single Medical Officer

I do hereby certify that I have examined (Full Name)

a candidate for
employment under the Government of in the Service as and can not
discover $\frac{\text{He}}{\text{She}}$ has any disease, communicable or otherwise, constitutional affection or
bodily infirmity except $\frac{\text{His}}{\text{her}}$ weight is $\frac{\text{in excess of}}{\text{below}}$ the standard prescribed.

I do not consider this as a disqualification for the Job $\frac{\text{He}}{\text{She}}$ seeks.

$\frac{\text{His}}{\text{Her}}$ age is according to $\frac{\text{his}}{\text{her}}$ own statement years and by appearance about
years

I also certify that $\frac{\text{He}}{\text{She}}$ has marks of Small pox
vaccination
on full expiration

Chest measurement in C.M. on full inspiration
difference (expansion)

Height ft. inch

Weight in Kilo

$\frac{\text{His}}{\text{Her}}$ vision is normal

Hypertropic ()
(Here enter the degree of defect and strength of correction glasses)

Myopic ()
(Here enter the degree of defect and strength of correction glasses)

Astigmatic (simple or mixed)
(Here enter the degree of defect and strength of correction glasses)

Hearing if normal / defect (much or slight)

Urine does chemical examination show (i) albumin (sugar) state specific gravity Personal mark
atleast two should be mentioned)

Signature

Rank

Designation

Station

Dated

In the case of Single Medical Officer

In the case of Medical Board

The candidate will make the statement required below prior to his medical examination and must sign the declaration appended thereto He is specially directed to the warning contained on the notes below.

1. State your Name in full
2. State your age birth place
3. (a) have you ever had smallpox, intermitant or any other fever enlargement or separation of glands spiting of blood asthma inflammation of lungs heart disease, fainting attacks theamatism, appendicitis

(OR)

- (b) any other disease or accident requiring confinement to bed and medical or sugri cal treatment
4. When were you last vaccinated ?
5. Have you or any of your near relations been affected with consumption, scorefuls gout asthma fits epilapsy or insanity ?
6. Have you suffered from any from of weariness due to overwork or any other causes ?
7. Furnish the following particulars concerning your family

Father's age if living and state of health (1)	Father's age at death and cause of death (2)	Number of brothers living their ages and state of health (3)	Number of brothers dead their age at and causes of death (4)

Mother's age if living and state of health (1)	Mother's age at death and cause (2)	Number of sisters living their ages and state of health (3)	Number of sisters dead their age at and causes of death (4)

I declare that all the above answers to be true and correct to the best of my Knowledge and belief

Candidate's Signature.

Note : The candidate will be held responsible for the accuracy on the above statement By wilfully suppressing any information he will incur the risk of losing the appointment if appointed or forfeiting all claim to sumerannuation allowance or Gratuity.