

MEDICAL CERTIFICATE - HEALTH OF CIVILIAN EMPLOYEES

I hereby certify that I have examined Shri/Smt/Kum_____ a candidate for employment in Naval Dockyard, Mumbai and cannot discover that he/she has any disease (communicable or otherwise) constitutional weakness or bodily infirmity except_____. I do not consider this is a disqualification for employment in the Naval Dockyard, Mumbai. The candidate's age according to his/her own statement is_____ years and by appearance about_____years.

Affix recent (not more than 3 months old & 80% face coverage) passport size 4.5cm x 3.5cm photograph (colour) duly attested by the medical officer

Signature of Medical Officer

Rank :

Reg No. :

Address :

(Hospital) :

(OFFICE SEAL OF HOSPITAL)

Signature of candidate

Date :

Left thumb and finger impression of candidate

Thumb

1st Finger

2nd Finger

3rd Finger

4th Finger

Date :

CANDIDATE STATEMENT AND DECLARATION

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

1. State your name in full (in Block letters) :
2. State your age and place of birth :
3. (a) Have you ever had small-pox :
Intermittent or any other fever, enlargement
Or suppuration of glands, spitting of blood,
asthma, heart disease, lung rheumatism,
appendicitis?

OR

- (b) Any other disease on accident :
requiring confinement to bed and medical
or surgical treatment
4. When you were last vaccinated? (Details to be given):
5. Have you or any or your nearer :
relations been afflicted with
consumption, scrofula, gout,
asthma, fits, epilepsy or insanity?
6. Have you suffered from any form of :
nervousness due to over-work
or any other cause?
7. Have you been examined and declared :
unfit for Govt. service by a Medical
Officer/ Medical Board within the last
03 years?

8. Furnished the following particulars concerning your family:-

Father's age if living and Status 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 death and cause of death
Mother's age if living and Status of Health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death

I declare all the above answers to be, to the best of my 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

Signature of the Medical Officer

Rank :

Reg No. :

Address :

(Hospital) :

NOTE: The candidate will be responsible for accuracy of the above statement. By wilfully suppressing any information, he/she will incur the risk of losing the appointment and if appointed, forfeiting all claim to superannuation allowances or gratuity in future.

MEDICAL REPORT OF FITNESS OF CIVILIANS FOR FIELD SERVE

SL	Questions	Answers
1	Are there any evidence of malformation congenital or acquired?	
2	Is he/she free from sears and has he/she the full use of all his/her limbs?	
3	Is there any evidence of acute or chronic Disease indicating Impairment of health?	
4	Has the candidate been satisfactorily vaccinated within the last five years?	
5	Is the candidates free from communicable disease?	
6	Is there any evidence of disease of the Nervous system?	
7	Is he/she hearing good? Are the ears healthy?	
8	Are the eyes healthy? Is there any defect of colour perception? Does the candidate suffer from night blindness?	
9	Is the candidate free from stammer or other serous defect or speech?	
10	Are there any signs of disease of the bones, joints, or parts connected therewith?	
11	Is there any important affliction of the Skin?	
12	Are the heart and arteries healthy? State the Blood pressure	
13	Is there any evidence of a severe degree of hydrocels, vericocels, varicose vain or haemorrhoids?	
14	Is there any evidence of disease of the respiratory organs?	
15	Is there any evidence of disease of the digestive organs?	
16	Are the teeth seriously decayed or otherwise defective? Is there any evidence of pyorrhea?	
17	Is the candidate free from hernia?	
18	Is there any evidence of disease of genital organs?	

19. Is the urine free from

(a)	Albumin	
(b)	Sugar	
(c)	Is the urine otherwise normal	

20. Visual acuity

	Distant Vision	Near Vision
Right Eye	Without Glasses	Reads
Left Eye	Without Glasses	Reads

21. Height (without shoes)

22. Girth of Chests

(a)	After full inhalation	
(b)	After full expiration	

23. Weight:

24. State whether the candidate is

- (i) Fit for field Service
- (ii) Temporarily unfit for Field service on account of
- (iii) But fit for service in peace stations
- (iv) Permanently unfit for service even in peace stations

Name and Designation of the
Medical Officer
Reg No.

(OFFICE SEAL OF THE HOSPITAL)

Station :

Date :