

## MEDICAL EXAMINATION CERTIFICATE

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1. Name of the candidate : \_\_\_\_\_
2. Name of the Father : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Age : \_\_\_\_\_ years
5. Height (In cms) : \_\_\_\_\_
6. Weight (In kgs) : \_\_\_\_\_
7. Blood Pressure : \_\_\_\_\_
8. Blood Group : \_\_\_\_\_
9. Chest measurement
  - a. Normal : \_\_\_\_\_ cms
  - b. Expansion : \_\_\_\_\_ cms
10. Identification Marks :
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
11. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
12. Date of Examination : \_\_\_\_\_
13. Place of Medical Examination : \_\_\_\_\_
14. Family History :
  - a. Tuberculosis : \_\_\_\_\_
  - b. Diabetes : \_\_\_\_\_
  - c. Haemophilia : \_\_\_\_\_
  - d. Mental Disease : \_\_\_\_\_
15. Visual standard
  - a. Normal vision : Right \_\_\_\_\_ Left \_\_\_\_\_  
(Without glasses)
  - b. Normal Vision : Right \_\_\_\_\_ Left \_\_\_\_\_  
(With glasses)
  - c. Colour Vision : \_\_\_\_\_
  - d. Night Blindness : \_\_\_\_\_
16. Physical Development :

1.	<b>BONE &amp; JOINTS</b> Malformation Flat Foot Knock Knee, Bow Legs etc. Impairment of function due to old fracture diseases Diseases of Bones or Cartilages	
2.	<b>MOUTH</b> Congenital Defect like cleft palate Hare lip, tongue etc.	

	Dental Condition No of teeth condition	
3.	<b>SKIN</b> Infection Allergy Chronic	
4.	<b>LUNGS</b> Respiratory Rate / Min Evidence of Respiratory Disease	
5.	<b>NOSE</b> Abnormalities of shape, defective septum perforated septum, depressed septum Disease _____ Poly etc.	
6.	<b>EARS</b> Discharge from ear Unhealed perforation Evidence of Chronic Suppurative Otitis Media Hearing – Speech Test	

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Candidate's Signature

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Signature and Stamp of  
MBBS Doctor