

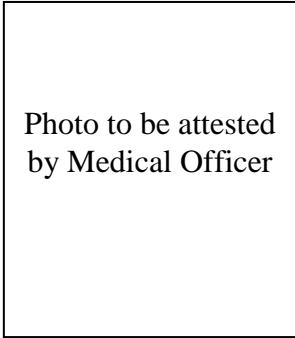


Indian Institute of Science Education and Research Bhopal

MEDICAL EXAMINATION REPORT
(To be issued by a Govt. Civil Surgeon/
Medical Superintendent of Govt. Hospital)

PERSONAL HISTORY

- 1. Name.....
- 2. Designation.....
- 3. PF No.....
- 4. Parent / Guardian's Name.....
- 5. Date of Birth.....
- 6. Gender.....
- 7. Identification Mark on the Body, If any.....
(This can be a mole, scar or birthmark)
- 8. Major illness / operation, if any.....
(Specify nature of illness / operation)



MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer Conducting the medical examination)

- 1. Height.....cm.
- 2. Weight.....kg
- 3. Past History
- 4. Chest
- a) Mental Disease.....
- c) Inspiration.....cm
- b) Epileptic Fits.....
- d) Expiration.....cm
- 5. Blood Group.....
- 6. Hearing.....
- 7. Vision with or without glasses
- a) Right Eye.....
- b) Left Eye.....
- c) Colour Blindness.....
- 8. Respiratory system.....
- 9. Nervous system.....
- 10. Heart
- 11. Abdomen
- a) Sounds.....
- c) Liver.....
- b) Murmur.....
- d) Spleen.....
- 12. a) Hernia.....
- b) Hydrocele.....
- 13. Any other defects.....

(2)

Certified that Mr./Ms. _____ S/D of Shri _____

- a. Fulfills the prescribed standard or physical fitness and is FIT for job/duties at IISER Bhopal.
- b. Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for joining services/duties at IISER Bhopal.

Signature of the Medical Officer
(Minimum qualification MBBS/MD)

Signature of the Candidate

Full Name.....

Medical Registration No.....

Address.....

.....

Office Seal

Date.....