

Affix your recent
passport size
photograph. It should
be attested by Chief
Medical Officer of
respective district.
Cross signed
photograph

MEDICAL INSPECTION FORM

Date of Birth _____
Roll No. _____ Name _____ Class _____
Height _____ Weight _____ Chest _____
Aadhar Card No _____

1. **VISUAL STANDARDS :** **RIGHT EYE** **LEFT EYE**

Distant Vision

Near Vision

Colour Vision

Field of Vision

Binocular Vision

Squint

SIGNATURE

2. **E.N.T. REPORT**

SIGNATURE

3. **MEDICAL REPORT**

SIGNATURE

4. **SURGICAL REPORT**

SIGNATURE

5.

SR NO	OBSERVATIONS	REMARKS
1	ANY SIGN OF MURMUR	
2	FLAT FEET	
3	KNOCK KNEES	
4	CARRYING ANGLE OF ELBOW	

CERTIFIED THAT THE CANDIDATE IS MEDICALLY **FIT / UNFIT.**

SIGNATURE

DATED : _____

CIVIL SURGEON