

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

(*Refer to Medical Standard Point 1- a to f for detailed information)

SIGNATURE

2. E.N.T. REPORT
(*Refer to Medical Standard for detailed information)

SIGNATURE

3. MEDICAL REPORT
(*Refer to Medical Standard for detailed information)

SIGNATURE

4. SURGICAL REPORT
(*Refer to Medical Standard for detailed information)

SIGNATURE

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

(*Refer to Medical Standard Point 2(h), 2(q) & 2(e) for detailed information)

CERTIFIED THAT THE CANDIDATE IS MEDICALLY FIT / UNFIT.

SIGNATURE

DATED : _____

CIVIL SURGEON

NOTE:- DETNAL CHECK UP WILL BE ONLY DONE IF REQUIRED FOR AGE VERIFICATION, AND THAT TOO UNDER THE MNSS, RAI AUTHORITY ON PHYSICAL JOINING.