

FOOD CORPORATION OF INDIA
MEDICAL REPORT FORM FOR EXAMINATION OF CANDIDATES

Candidate's statement and Declaration

PART-A

The candidate must make the statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His 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 birth place_____
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 disease, failing attacks, rheumatism, appendicitis **OR**
(b) any other disease or accident requiring confinement to bed and medical or surgical treatment?
4. When were you last vaccinated?
5. Have you or any of your near 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. Furnish the following particulars concerning your family:

Father's age If living and state 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 and cause of death.
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Mother's age If living and State 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 and cause of death
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All the above answers are to the best of my belief, true and correct.

Candidate's signature_____

Signed in my presence_____

Signature of the examining medical authority.

NOTE: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment, and if appointed, of

forfeiting all claims to any retirement and terminal benefits.

REPORT OF THE EXAMINING MEDICAL AUTHORITY
BY (Name of candidate) _____

PART-B

Physical Examination:

1. General development GOOD.....FAIR.....POOR.....

Nutrition: Thin..... Average.....Obsc.....

Height(without shoes).....Weight.....

Best weight.....When?.....Any recent change in

Weight?.....Temperature.....

Girth of Chest:

(1) (After full inspiration)

(2) (After full expiration)

2. Skin: Any disease.....

3. Eyes: 1) Any disease.....

2) Night blindness.....

3) Field of vision.....

4) Defect in colour vision.....

5) Visual Acuity.....

Acuity of Vision	Naked eye	With Glasses	Strength of glasses		
			Sph.	Cyl.	Axis.

Distant

Vision

R.E.

L.E.

Near

Vision

R.E.

L.E.

4. Ears: Inspection.....Hearing: Right Ear _____

Left Ear _____

5. Glands.....Thyroid.....

6. Condition of tooth.....

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?

If yes, explain fully _____

8. Circulatory System:

(a) Heart: Any organic losers?Rate: Standing
After keeping 25 times.....

2 minutes after hopping.....

(b) Blood Pressure: Systolic.....Diastolic.....

9. Abdomen: Girth.....Tenderness.....Hernia.....
 (a)Pelpalo: Liver.....Sploon.....Kidneys.....
 Tumours.....
 (b) Haemorrhoids.....Fistula.....

10. Nervous system: Indications of nervous or mental disabilities

11. Loco-Motor System : Any; abnormality.....

12. Genitor Urinary system : Any evidence of Lydrocolo, varicocole etc.

Urine Analysis:

- a) Physical appearance.....(b) Sp. Gr. (c) Albumin.....

 d) Sugar.....(e) Casts (f) Cells.....

13. Report of screening/ X-Ray Examination.

14. Is there anything in the health of the candidate.....
 likely to render him unfit for the efficient discharge of his duties in the service for which he
 is a candidate?

15. In case the candidate is examined for more than one service/post state for which services
 has he been examined and found in all respects qualified for the efficient and continuous
 discharge of his duties and for which of them he is considered unfit.

NOTE: The examining Medical Authority should record their findings under one of the following
 three categories:

- i) Fit.
 ii) Unfit
 iii) Temporarily Unfit on account of.....

Place_____

Signature of the Examining Medical Authority

*(Note:- This refers to temporary ailments which can be completely cured within a period of
 Six months).