MEDICAL CERTIFICATE

PART 'A'

1. Name of candidate in full (in Block letters) _____

2. State your age and birth place _____

3. General development: Good_____ Fair_____ Poor_____

4. Height: (Without Shoes)_____ Weight _____ BMI_____

5. Body Structure: Thin_____ Average_____ Obese_____

6. Temperature: _____

7. Measurement of chest:
   (a) After full expiration _____
   (b) After full inspiration _____

8. Skin: Any obvious disease

9. Respiratory system: Does physical examination reveal anything abnormal
   in the respiratory organs _____
   If yes explain fully _____

10. Circulatory System:

    (a) Blood Pressure: Systolic _____ Diastolic_____ Heart Murmur _____

    (b) ECG _____ (Attach copy)

11. Nervous System: Indication of nervous or mental disabilities_____

12. When were you last vaccinated? _____

13. Blood Group: _____

14. (a) Any Surgery in Past Two Years _____

    (b) If yes details there of _____

Signature of Cadet

Signature and Stamp of
Medical Examiner / MBBS Doctor

PART 'B'

1. Eyes:

- Any disease   _____
- Night blindness   _____
- Defect in color vision   _____
- Field of vision   _____
- Visual acuity   _____

Acuity of vision	Naked eye with glasses	Strength of glass sph. cyl. Axis
1	2	3
Distant vision		
RE	_____	
LE	_____	
Near vision		
RE	_____	
LE	_____	
Hypermetropia (Manifest)		
RE	_____	
LE	_____	

Signature and Stamp of
Opthalmologist

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2. **Ears Inspection**
   Hearing   _____

   (a) Right Ear   _____

   (b) Left Ear   _____

   (c) Any Infection   _____

   (d) Any other observation   _____

3. Nose Inspection   _____

4. Throat Inspection   _____

Signature and Stamp of
ENT Specialist

5. Number of teeth   _____
6. Condition of teeth   _____
7. Condition of Gums   _____
8. Overall oral Hygiene   _____

Signature and Stamp of
Dental Doctor

PART – 'C'

Note: Doctor / Medical Examiner should record their findings under one of the following three categories:

   Fit   _____

   Unfit on account of   _____

   Temporarily unfit on account of   _____

<u>Signature of Cadet</u>

Signature and Stamp of
Medical Specialist