

**PERSONAL STATEMENT TO BE FILLED IN BY THE CANDIDATE BEFORE PRESENTING THE
FORM TO THE CIVIL SURGEON/CHIEF MEDICAL OFFICER**

To be submitted by the candidate to THE FEDERAL BANK LIMITED after obtaining report of the Medical Examiner, at the time of joining the bank as.....(Category of post.)

1. Name of the candidate:

2. Address :

3. Date of Birth :

4. Married/Single :

5. **Personal History**

a. History of Bleeding from Gastro-Intestinal Tract, Gastric or Duo denal Ulcers, Appendicitis, Internal Piles, Fistula, Typhoid, Jaundice, Hepatitis, Kidney ailments, Heart diseases, Hypertension, Hypo tension, Diabetes, Tuberculosis, Cancer, any other serious ailments etc. Give details :-

b. History of Asthma, Tuberculosis, Spitting of Blood, Pleurisy, Breathlessness etc. Give details :-

c. History of Palpitation, Fainting Spells, Pain in the chest, Breathlessness on Exertion, Cyanosis, Rheumatic fever with joint pains, Swelling of legs/face etc. Give details :-

d. History of Bleeding Urinary Tract, painful urination, passing of stones in Urine etc. Give details :-

e. History of Fits, Paralysis, Neursthenla, Nervous Breakdown etc. Details to be given :-

f. History of Leprosy, extensive generalised allergic dermatitis, Leucoderma, Venereal disease etc. Give details :-

g. Have you suffered from defects in hearing or eye sight? Give details :-

(P.T.O)

h.	History of diseases (For Females) of Uterus Cervix, Ovaries, Breasts etc:-	
i.	Details of serious illness/injuries sustained by accident or otherwise; Give details:-	
j.	Details of surgical operations undergone :	
l.	Is there any other item in your medical history which you have not already mentioned?	
6. <u>Family History</u>		
a.	Diabetes	:
b.	Heart diseases & Hypertension	:
c.	Tuberculosis	:
d.	Kidney disease	:
e.	Cancer	:
f.	Any other serious ailments	:

I hereby declare that the above statements are correct to the best of my knowledge and that any incorrect/suppressed information will render me liable for termination of my services in the Bank.

Place :

Date :

Signature/Thumb impression of the candidate

SIGNED IN MY PRESENCE

Signature of the Medical Examiner

(Continued in Page 3)

REPORT OF THE CIVIL SURGEON/CHIEF MEDICAL OFFICER FROM A GOVERNMENT HOSPITAL

Guidelines

1. Medical Examiner shall always consider whether the candidate is fit for continuous service in the Bank for a long period. If the candidate is suffering from any of the diseases such as Kidney ailments, Heart diseases, Rheumatic Heart, Hypertension, Hypo tension, Diabetes, Tuberculosis, Cancer/ Leukaemia, Hepatitis, Haemophilia, Juvenile or any other serious ailments, he/she cannot be considered as fit for employment.
2. Medical Examiner may give due attention to the family and personal history of the candidate, furnished in the personal statement/details submitted by the candidate.
3. Answers and statements in the report be made clear and unambiguous.
4. Whenever considered necessary, Medical Examiners may take specialist's opinion before finalising the reports.
5. While declaring a candidate unfit for service the Medical Examiner should clearly state the reasons for arriving at such conclusion. In cases where the Medical Examiner considers that a minor disability disqualifying a candidate for Bank's service can be cured by treatment (surgical/medical) within a reasonable period of time say 3 to 6 months a statement to that effect should be recorded in the report.

Name of the candidate :

Signature of the candidate :

1.	General Development	: Good Fair Poor
2.	Skin: Any obvious disease	:
3.	Eyes: a) Whether the vision is normal b) If not, is it capable of being corrected to 6/6 with glasses (not with contact lenses)	Yes/No
4.	Ears : Inspection Hearing : Right Ear Left Ear	
5.	Glands : Thyroid	
6.	Conditions of teeth :	
7.	Respiratory systems – Normal/Abnormal If abnormal, explain fully.	
8.	Circulatory system a) Heart : Any organic lesions ? Pulse Rate : b) Blood Pressure Systolic Diastolic c) E.C.G (with report)	

-4-		
9.	Abdomen : Girth Tenderness Hernia Palpable : Liver Spleen Kidneys Tumour Hemorrhoids Fistula	
10.	Nervous System : Indication of nervous or mental disabilities	
11.	Loco-Motor system : Any abnormality	
12.	Genito Urinary system : Any evidence of Hydrocele, Variocoecele etc. Report of Urine analysis (Routine)	
13.	Report of X-Ray examination of chest	
14.	Report of the Blood Examination i) Blood for T.C., D.C., E.S.R., Hb ii) Blood group and Rh	
15.	Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service of the Bank for which he/she is a candidate	
16.	Whether the candidate is suffering from any of the diseases such as Kidney ailments, Heart diseases, Hypertension, Hypo tension, Diabetes, Tuberculosis, Cancer, Hepatitis, any other serious ailments. (In case of any of the diseases as above he/she will not be considered as fit)	
17.	The Medical Examiner may record the findings under one of the following categories : i) The candidate is FIT for employment in the Bank : ii) The candidate is UNFIT for employment in the Bank on account of :	
18.	The age of the candidate according to his/her own statement is years as on date and by appearance he/she is aged about years. He/She bears/does not bear marks of small pox vaccination. His/Her personal marks for identification are : 1. 2.	

Signature of the Civil Surgeon/Chief Medical Officer

Name of the Doctor

Rank

:

Designation

:

Registration No.

:

Name/Place of the Govt. Hospital

:

Hospital Seal

Place :

Date :