

MEDICAL REPORT

(To be filled in by the candidate before presenting the form to the medical officer)

Personal statement of the candidate:

1. Name in full (in capital letters, surname first) :
2. Category of Post :
3. Address :
4. Date of Birth :
5. Married / Single :
6. Personal History :
 - A. History of Bleeding from Gastro-intestinal Track, Gastric or Duodenal Ulcers, Appendicitis, Internal Piles, Typhoid, Jaundice, etc, Give details:
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.....
 - B. History of Asthma, Tuberculosis, Spitting of Blood, Pleurisy, Breathlessness, etc., Give details:
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 - C. History of Palpitation. Fainting spells, Pain on the Chest, Breathlessness on exertion, cyanosis, Rheumatic fever with Joint pains, Swelling of Legs, Face etc., Give details:
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 - D. History of Bleeding of Urinary Tract, Painful Urination passing of stones or given in Urine etc., Give details:
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 - E. History of Fits, Paralysis, Neurasthenia, Nervous Breakdown etc., Give details:
.....
 - F. History of Leprosy, Extensive Generalized Allergic Dermatitis, Leucoderma, Venereal Diseases etc. Give details:
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.....
 - G. Have you suffered from defects in Hearing or Eyesight? Give details:
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.....
 - H. Details of Serious Illness / Injuries sustained by accident or otherwise, Give details
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I. Details of Surgical Operations undergone:

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.....

J. Is there any other item in your Medical History which you have not already mentioned ?

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.....

K. Have you ever tested for HIV ? If so, what was the result ?

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7. Family History:

a) Heart Disease & Hypertension :

b) Tuberculosis :

c) Kidney Disease :

b) Any other serious ailment :

08. For female candidates only:

a) Menstrual History :

b) Date of L.M.P. :

c) Any Evidence of Pregnancy :

d) History of Diseases of Uterus
Cervix, Ovaries or Breasts :

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 Authorised / Designated Doctor

The candidate may please note that they would have no right to appeal against the decision of the Medical Examiner. If, however, the Bank is satisfied on the basis of the evidence produced before it, of the possibility of error of Judgement in the decision of the Medical Examiner, it is open to the Bank to allow an appeal to the Medical Board, which will be constituted by the Bank. Such evidence should however, be submitted by the candidate within one month of the date of communication in which the decision of the Medical Examiner is advised to him/her. If the setting up of Medical Board is decided by the Bank, the candidate will be called upon to deposit a sum of Rs. 50/- for the purpose. If, found medically fit by the Medical Board, this deposit would be refunded to the candidate. It will otherwise be forfeited. The Report of the Medical Board is final and will not be subjected to review by any other Specialist Panel or Board.

REPORT OF THE MEDICAL EXAMINER

Name of the Candidate :
 Category of the Post :
01. General Development : GOOD.....FAIR.....POOR.....
 Nutrition : THIN.....AVERAGE.....OBESE.
 Best Weight :When.....
 Any recent changes in weight:
 Height. :
 Temperature :
 Girth of Chest : 1. After Full Inspiration:.....
 2. After Full Expiration.....
 Identification Marks : 1.....
 2.....
02. SKIN : Any obvious Disease.....
3. EYES :

(a) Whether vision is Normal :
 If not, is it capable of being
 corrected to 6/6 with glasses?
 (Not with Contact Lenses)

(b) If the candidate is referred :
 to an Eye Surgeon, what
 are the Surgeon's observations
 in respect of the following:

1. Any Disease :
2. Night Blindness :
3. Defect in Colour Vision :
4. Field Vision :
5. Visual Acuity :
6. Fundus Examination :

ACUITY OF VISION	NAKED EYES	WITH GLASSES	STRENGTH OF GLASS		
Distant Vision :					
Right Eye					
: Left Eye					
Near Vision :					
Right Eye					
: Left Eye					
Hypermetropia -					
(Manifest) Right Eye					
:					

Remarks of Ophthalmologist:

Signature

- 04 Ears Inspection :
- Hearing - Right Ear :
- Left Ear :
- 05. Glands :
- 06. Conditions of Teeth :
- 07. Respiratory System:

Does the physical examination reveal anything abnormal in the respiratory organs ?

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If yes, explain fully:

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08. Circulatory System:

- a) Heart : Any Organic Lesion ?.....
- Pulse Rate:.....
- b) Blood Pressure : Systolic:.....
- Dialostic:.....

09. Abdomen

- : Girth:.....
- Tenderness:.....
- a) Palpable : Liver..... Spleen.....
- Kidney..... Tumors.....
- b) Hemorrhoids : Liver..... Fistula.....

10. Nervous System:

Indication of nervous or mental disabilities:

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11. Loco-Motor System: Any Abnormality:.....

12. Genito - Urinary System: Any evidence of Hydrocele, Varicocele etc.:

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13. Urinary System:

- a) Physical appearance:..... b) SP.GR.....
- c) Albumin:..... d) Sugar:.....
- e) Casts:..... f) Cells:.....

14. Report of X-Ray examination on chest:.....

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15. ECG report:.....

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16. Report of the complete Blood examination and HIV Test:.....

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X - RAY REPORT

Name :

Category of Post :

HEART :

LUNGS :

MEDIASTINUM :

CP ANGLES :

BONY CAGE :

INFERENCE :

16. 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 for which he / she is a candidate :

i) **FIT**

ii) **UNFIT**

Note: In the case of a female candidate, if it is found that she is pregnant, she should be declared temporarily Unfit.

Place:

Date:

Signature of the Medical Examiner

Name:

Designation: