

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
Ophthalmologist

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 _____

Signature of Cadet

Signature and Stamp of
Medical Specialist