## REPORT OF THE MEDICAL EXAMINERS - (DISTT. MEDICAL BOARD)

NAME OF THE CANDIDATE :			:	FATHER'S NAME			
CATE	GORY OF TH	E POST : .		(	IBPS CRP RRB XIII)		
INSTI	TUTION/DEPA	RTMENT:	CHHATTISGARH	RAJYA GRAMIN BANK	,CORPORATE OFFICE NAVA RAIPUR		
(C.G.)							
1.	General Development : Good Fair Poor						
	Nutrition Best weight Any recent change in weight			: Thin Average Obese: : When:			
	Temperature Girth of chest			:			
				:			
	(a)	After full	inspiration:				
	(b)	After full	expiration:				
2.	SKIN		: Any obvious disease				
3.	EYES			:			
(a)	Whether the vision is normal If not, is it capable of being corrected to 6/6 with glass (not with contact lenses)			: Yes/No.			
(b) If the candidate was referred to an eye-surgeon what are surgeon's observations in respect of the following:							
(i)	Any disease						
(ii) (iii)	Night blindness Defect in colour vision						
(iv)	y) Field vision						
(v)	Visual acu	ity					
(vi)	Fundus examination						
	Acuity of v	rision	Naked eyes	With glasses	Strength of glasses Sph. Cyl. Axis		
	Distant Vi	sion R.E.					

L.E.

	Near Vision R.E. L.E.					
	Hypermetropia (Manifest) R.E. L.E.					
4.	EARS Inspection Hearing	:  : Right Ear Left Ear				
5.	GLANDS:	Гhyroid				
6.	CONDITIONS OF TEETH	:				
7.	RESPIRATION SYSTEM	:				
	Does physical examination reveal anything abnormal in the respiratory organs?					
	yes, explain fully					
8.	CIRCULATORY SYSTEM	:				
(a)	Heart: Any organic lesion?					
	Pulse Rate:					
	Blood Pressure:					
	Systolic					
	Diastolic					
9.	Abdomen: Girth Tenderness					
		Hernia (a)				
	Palpable: Liver	Spleen				
	Kidneys	Tumors (b)				
	Hemorrhoids	Fistula				

10.	NERVOUS SYSTEM: Indication of nervous mental disabilities							
11.	LOCO-MOTOR SYSTEM : Any abnormality							
12.	GENITO URINARY SYSTEM:Any evidence of Hydrocele, Varicoecele, etc							
	Urine Analysis :							
(a)	Physical appearance (b)Sp.Gr							
(c)	Albumin (d)Sugar							
(e)	Caste(f) Cells							
13.	. REPORT OF X-RAY EXAMINATION OF CHEST :							
14.	REPORT OF THE BLOOD EXAMINATION: (Including HIV Testing)							
15.	Is there anything in the health of the cand efficient discharge of his/her duties in the serv	idate likely to render him/her unfit for the ice for which he/she is a candidate?						
16.	The Medical Examiner should Record the findings under one of the following categories: (a) Fit (b) Unfit on account of							
NOTI	E:							
	In the case of a female candidate, if it is for declared temporarily unfit.	ound that she is pregnant, she should be						
Signat	ures of the Members							
1)	2)	3)						
		Signature of the Head of the Board Name & Seal: Designation						
Place:								

Date : .....