

THE FOOD CORPORATION OF INDIA: REGIONAL OFFICE
MAYOR SATHYAMOORTHY ROAD, CHENNAI-600031

Medical Report Form for Examination of Candidates for Category IV

Part - A

The candidate must make the statement required below prior to his/her Medical Examination and must sign the Declaration appended thereto. His attestation is specially directed to the warning contained in the Note below.

1. State your name in full (in block letters) _____
2. State your age and birth place _____
3. (a) Have you ever had small - pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease lung disease, failing attacks rheumatism, appendicitis or
 (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment.
4. When are you last vaccinated?
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy, or insanity?
6. Have you suffered from any form of nervousness' due to over work or any other cause?
7. Furnish the following particulars concerning your family.

_____ Father's Age If living and State of Health.	Father' Age at death and Cause of Death.	No.of brothers living, their ages And state of Health.	No.of brothers living, their ages and cause of death.
---	--	--	--

_____ Mother's Age If living and State of Health.	Mother's Age at death and Cause of Death.	No.of Sisters living, their ages And state of Health.	No.of sisters living, their ages and cause of death.
---	---	---	--

All the above answers are to the best of my belief, true and correct.

Candidate's Signature _____

Signed in my presence _____
Signature of the examining medical authority.

Note : The candidate will be held responsible for the accuracy of the above treatment. By willfully suppression any information he will incur the risk of losing the

appointment, and if appointed of forfeiting all claims to any retirement and terminal benefits.

Part -B:

Physical Examination:

1. General development GOOD FAIR..... POOR.....

Nutrition : Thin. Average.....Obsc.....

Height (without shoes)..... Weight

.....

Best weight..... When?..... Any recent change in

weight?Temperature.....

Girth of Chest :

(1) (After full inspiration)

(2) (After full exoiration)

2. Skin : Any disease

3. Eyles : 1) Any disease.....

2) Weight blindness.....

3) Field of vision.

4) Defect in Colour vision.....

5) Visual Acutv.....

Acuity of Vision	Naked Eye	With Glasses	Strength of glasses		
			Spt.	Cyl	Axis
Distant Vision					
R.E					
L.E					
Near vision					
R.E.					
L.E.					

4. Ears : Inspection.....Hearing: Right Ear _____
Left Ear _____

5. Grand's.....Thyroid.....

6. Condition of tooth.....

7. Respiratory System: Does physical examination reveal anything
abnormal in the respiratory organs? _____
If Yes, explain
fully _____

8. Circulatory System:

(a) Heart: Any organic losiers?.....Rate: Standing
After keeping 25 S.....
2 minutes after hoping

(b) Blood Pressure: Systolic.....Diastolic.....

9. Abdomen:

Eirth.....Tendarness.....Hornia.....

(a) Pelpalo:

Liver.....Sploon.....Kidneys.....

(b)

Homorsrhoids.....Fistula.....

10. Nervous System : Indications of nervous or mental disabilities
.....
.....
.....

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

12. Genito Urinary System: Any evidence of Lydrocolo,
..... etc.,

Urine analysis:

a) Physical appearance.....(b) Sp.Gr. © Albumin..

d) Sugar.....(e) Casts.....(f) Cells.....

Contd..4

13. Report of Screening /X Ray Examination.

14. Is there anything in the health of the candidate.....
Likely to render him unfit for the efficient discharge of his duties in
the service for which he is a candidate?
.....
.....

15. In case he candidate is examined for more than one service/post
state for which services has he been examined and found in all
respects qualified for the efficient and continuous discharge of his duties
and for which of them he is considered unfit.

NOTE: The examination Medical Authority should record their findings under
One of the following three categories.

- i) Fit
- ii) Unfit.
- iii) Temporarily unfit on account of.....

Place:

Signature of the Examining
Medical Authority.

*(Note:- This refers to temporary ailments which can be completely cured
Within a period of six months.