CERTIFICATION OF PHYSICAL FITNESS BY A SINGLE MEDICAL OFFICER/ THE CIVIL MEDICAL BOARD

Signature of the Candidate: …….

I/We do hereby certify that I/we have examined (Full Name) Thiru/Tmt/Selvi/Selvan ……..Candidate…… ……for employment under the Government as…….....in the……Office……. in the ……Department and whose signature is given above and cannot discover that he/she has any disease, communicable or otherwise, constitutional affection or bodily infirmity/except that his/her weight is in excess of/below of the standard prescribed, or expect……

I/We do not consider this is a disqualification for the employment he/she seeks.

His/Her age is according to his/her own statement……years and by appearance about……Years.

I/We also certify that he/she has marks of small pox/vaccination.

Chest Measurement in Cms.	On full insipiration	:	Cms.
	On full expiration	:	Cms.
	Difference (Expansion)	:	Cms.

Height: ……Cms. Weight: …… Kgs.

Cardio-Vascular System ……..
Respiratory System …….

His/Her Vision in NORMAL
Hypermetropic/Myopic/ Astigmatic/
(Here enter the degree of defect and the strength of correction clauses.)
Hearing is Normal/Defective:
(Much of Slight)

Urine-Does Chemical Examination show:
(i)Albumin: (ii) Sugar: (iii) State Specific Gravity:

Personal Marks (Atleast Two should be mentioned)
For Identification Marks:
1)

2)

Signature	:	President	:
Rank	:	Members (i)	:
Designation	:	(ii)	:
Station	:	Station	:
Date	:	Date	: