

**THE FOOD CORPORATION OF INDIA: REGIONAL OFFICE**

Khadya Bhawan, Vani Vihar, Bhubaneswar - 751 007 (Orissa)

**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, scree fula, 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 brothers living, 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 their ages and cause of death.
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_____ Mother's Age living, 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 their ages and cause of death.
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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. Eyhes : 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.....Tenderness.....Hornia.....

(a) Pelpalo:

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

(b)

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

10. Nervous System : Indications of nervous or mental disabilities

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.....

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.....

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?  
.....  
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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.