

MEDICAL EXAMINATION REPORT

Name:	Grade / Post	:	
Age:	Date of Examination	:	
DOB:	Sex: M/F	Height	cms : Weight: Kg
Marital Status: Married / Unmarried	Ideal Weight	:	
Identification Marks:			
01.			
02.			
01. General Appearance:	Female Cases	:	
Chest-Normal :	a) Period	:	
Inspiration :	b) LMP	:	
02. Apparent Deformity, if any	EYES	:	
BP :	Vision	:	
Pulse :	Acuity of Vision	:	RE LE
Skin :	Distant Vision	:	
Lymphnodes :	Near Vision	:	
Heart :	Colour Vision	:	
Lungs :	Any others	:	
Abdomen :			
Liver :	EARS		
Spleen :	Hearing	:	
Teeth & Gum :	Normal/Defection	:	
Skeletal :			
Upper Extremity :	ANY OTHERS		
Lower Extremity :	Hernia	:	
Spine :	Hydrocele	:	
	Piles/Fissures	:	
	Genitalia	:	
	INVESTIGATION		
Any other findings :	Urine	:	
	Sugar	:	
X-Ray Chest RA View	Alb	:	
	Blood Group	:	
Blood Sugar (Fasting)	Hb%	:	
Remarks: FIT/TY. UNFIT/UNFIT	Signature of Medical Officer		
	Date		