



MEDICAL EXAMINATION REPORT

Name :

Sex :

Caste :

Date of Birth :

Rank :

Branch allotted _____

1 General Appearance : (gait, Physical deformity, figure & General built)

- 2. Measurement : a) Chest _____ cm b) Abdomen : _____
- i) Complete Expiration _____ cm c) Height : _____
- ii) Full Inspiration _____ cm d) Weight _____

3. Condition of the teeth, gum, tongue, ear & throat

4. Eyes : i) Acuity of vision

5. Circulatory system :

6. Respiratory :

7. Digestive System :

8. Genitor Urinary System :

9. Nervous Systems :

10. Any other finding :

11. Remarks :

Date :

Place :

MEDICAL OFFICER