

**FORM – D**

**MEDICAL CERTIFICATE**

**CERTIFICATE OF PHYSICAL FITNESS**

I have carefully examined Mr./Mrs./Ms. \_\_\_\_\_ a candidate for employment in \_\_\_\_\_ DCCB service as \_\_\_\_\_ and cannot discover that he/she has any disease communicable or other-wise constitutionally affliction or bodily infirmity except that his/her weight is in excess/below of the standard prescribed or except \_\_\_\_\_. (I do not consider this as disqualification for the employment he/she seeks).

I do further certify that in my opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties and executive service.

His/her age is according to his/her own statement \_\_\_\_\_ years and by appearance about \_\_\_\_\_ years. I also certify that he/she has marks of small pox vaccination.

Chest measurement in Cms.

On full inspiration:

On full expiration:

**Height** \_\_\_\_\_

**Weight** \_\_\_\_\_

His/her vision is normal \_\_\_\_\_

Hypermetropia \_\_\_\_\_.

(Enter the degree or defect and the strength of correction glasses)

Myopic \_\_\_\_\_

(Enter the degree of defect and the strength of correction glasses)

Astigmatic (Simple or mixed) \_\_\_\_\_

(Enter the degree of defect and the strength of correction glasses)

**Hearing** is normal/ defective (much or slight)

**Urine:** Chemical examination show (i) Albumin, ii) Sugar state (specific gravity).

**Personal Identification marks:**

1.

2.

**Signature of the Medical Officer with seal**