

MEDICAL BOARD REPORT FORMAT
(To be filled in triplicate)
For ESE 2023

Roll No.....

Engg Discp

Rank No.

Photograph
with Roll No.,

Rank & discp.
written on the back

(A) Candidate's statement and declaration.

The candidate must make the Statement required below in his/her own hand writing prior to his/her Medical Examination and must sign the declaration 'appended thereto'. Their attention is specially directed to the warning contained in the Para 08 below :—

1 Name in full (in block letters) : _____ Sex: Male/ Female

2.(a) State your age and birth place

| Age | Date of Birth | Place of Birth |
|-------|---------------|----------------|
| | | |

2. (b) Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribals etc. whose average height is distinctly lower? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name of the tribe race:.....

.....

3. (a) Have you ever had small-pox, intermittent or any fever, enlargement or suppuration of glands, spitting of Blood asthma, heart diseases, lung disease, fainting attacks, rheumatism appendicitis:

.....

or

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment:

(c) Whether underwent any eye Surgery (Radial Keratotomy/Lasik/Excimer etc.) at any time. If yes, details thereof:

(d) (i) Whether PH candidate - Yes/No

(ii) Sub-category of disability- LV OA OL Hard Hearing/PD Acid Attack Victim Leprosy Cured
Dwarfism Muscular Dystrophy Specific Learning Disability Mental Illness

(Please refer to Annexure-I of ESE Rules, 2023)

4. Have you suffered from any form of nervousness due to over work or any other causes.

5. Have you been allotted to any service/posts on the basis of previous years exams. If yes, give details thereof

Have you joined the said service/post.....

6. Furnish the following particulars concerning your family :

| Father's age if living and state of health | Father's age at death and causes of death | No. of brothers living, their ages & state of health | No. of brothers dead, their ages & cause of death | Mother's age if living & state of health | Mother's age at death & cause of Death | No. of sisters living, their ages & state of health | No. of sisters dead, their ages & cause of death |
|--|---|--|---|--|--|---|--|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Present Address

.....

Mobile No. E-Mail I.D.

Identification marks

.....

7. Details of medical examination conducted before, if any :-

(a) Place and Date of Medical Board.

(b) Service(s)/Post(s) for which examined and year of Examination

(c) Result of Medical Board Examination, if communicated or known.....

8. All the above answers are to the best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. I am fully aware of the provisions of ESE- 2023 Rules. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate's Signature

Signed in my presence

Signature of the Chairman of the Board with
 date and stamp of the Board

(B) Report of the Medical Board on (name of candidate)

.....

Physical Examination

1. BMI(BMI>35 Temporarily Unfit)

.....

Height (without shoes)

.....

(M-152 cm & F-150 cm)

Temperature

.....

Girth of Chest :-

(i) (After full inspiration)

.....

(ii) (After full expiration)

.....

(iii) Expansion ((i) –(ii))

.....

**(Pl tick <5 c.m. >=5 c.m. both M&F candidates) <5 cm (Unfit)
(M= Male, F= Female)**

2. Skin – any obvious disease

.....

.....

3 Eyes

i Any disease

.....

ii. Night Blindness

.....

iii. Colour Vision

.....

a) Ishihara

.....

b) EGL 1.3 mm

.....

c) EGL 13 mm

.....

iv. Field of vision

.....

v. Binocular vision

.....

vi. Visual acuity

.....

vii. Fundus Examination

.....

Visual Acuity

| Acuity of Vision | Naked eye | With glasses | Strength of glasses | | |
|-----------------------------|-----------|--------------|---------------------|-------------|------|
| | | | Spherical | Cylindrical | Axis |
| Distant Vision | | | | | |
| R.E. | | | | | |
| L.E. | | | | | |
| Near Vision | | | | | |
| R.E. | | | | | |
| L.E. | | | | | |
| Hypermetropia (Manifest) | | | | | |
| R.E. | | | | | |
| L.E. | | | | | |

In case of colour blindness, please state clearly whether the candidate is fit for services requiring High Grade Colour perception/Low Grade perception or totally colour blind as per Enclosure-I.

4. Ears: Inspection.....

Hearing : Right Ear.....

Left Ear.....

5. Glands.....Thyroid.....

6. Condition of teeth.....

7. Respiratory System : Does physical examination reveal anything abnormal in the respiratory organs?

.....
If yes, explain fully.....

8. Circulatory system :

(a) Heart : Any organic lesions ? Rate Standing.....

After hopping 25 times.....

Two minutes after hopping.....

(b) Blood Pressure : Systolic.....

Diastolic.....

9. Abdomen :

Girth.....

Tenderness.....

Hernia.....

(a) Palpable : Liver..... Spleen.....

Kidneys..... Tumors.....

(b) Haemorrhoids.....

Fistula

10. Nervous System : Indications of nervous or mental disabilities

11. Loco-Motor System: Any abnormality.....

12. (A) Genito Urinary System : Any evidence of Hydrocele, Varicocele etc.
Urine analysis :

- (a) Physical Appearance.....
- (b) Sp. Gravity.. ..
- (c) Albumin.....
- (d) Sugar.....
- (e) Casts.....
- (f) Cells.....

12. (B) Report of X-ray examination of chest

12(C) Details of *Gynae Examination (for female candidates only)

.....
Signature of Lady Doctor

13. 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?
.....
.....

NOTE : *In the case of a female candidate, if it is found to be pregnant, she should be declared temporarily unfit until the confinement is over, *vide* Regulation 10.

14. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may please be indicated clearly by \surd and services/posts for which he/she is considered unfit if any may also be indicated clearly by x:-

- (i) CES Gr. A, CE&MES Gr. A, CWES Gr. A, CES (Roads) Gr. A, AEE(BRES), AEE(QS&C) Gr.A in MES Surveyor Cadre and IDSE Gr. A.
- (ii) CPES Gr. A, CPES GR.B, INAS Gr. A, Indian Naval Material Management Service, and AEE(P&T) Building
- (iii) AEE (Group A) in the corps of EME.
- (iv) ADO (Engg.)
- (v) ITS Gr 'A', JTO(GCS Gr 'B').
- (vi) Survey of India.
- (vii) AEE(GSI).
- (viii) DAQAS

Is the candidate fit for field service ?

NOTE : The Board should record their findings strictly in the following certificate

CERTIFICATE

Shri/Ms.Roll No.a candidate of ESE 2023
who has
appeared for his first medical examination/re-examination on (date) is found to be :

- | | | |
|-------|---------------------------------------|---|
| (i) | Fit..... | } (Please ensure this matches with findings at column 13) |
| (ii) | Unfit on account of..... | |
| (iii) | Temporarily unfit on account of | |

(iv) Fit only for one of the following sub-categories of disability for which vacancies are identified for Persons with Disabilities (please tick relevant category and strike off others)

- (a) One Arm (OA) affected sub-category only.
(b) One Leg (OL) affected sub-category only.
(c) Hard Hearing /Partially Deaf(PD) only.
(d) Lower Vision (LV) Sub-category only
(e) Specific Learning Disability (SLD)
(f) Mental Illness (MI)

Sign. of Member
with stamp

Sign. of Member
with stamp

Sign. of Chairman
with stamp

Date :
Place :

Enclosure I

1. Technical Services or posts requiring Higher Grade Colour Perception(HGCP) :—

- i. Indian Defence Service of Engineer (IDSE).
- ii. Central Engineering Service (Roads).
- iii. Central Power Engineering Service. (Gr. 'A' and Gr. 'B')
- iv. Assistant Executive Engineer (Group 'A') in the Corps of EME.
- v. AEE(BRES) Group 'A' in Border Roads Organization.
- vi. Survey of India
- vii. AEE(QS&C) in MES Surveyor Cadre.

II Technical Services or posts requiring lower grade colour perception(LGCP) [Or Defective Higher Grade Colour Perception –DHGCP] :—

- i. Central Engineering Service.
- ii. Central Electrical and Mechanical Engineering Service.
- iii. Indian Naval Armament Service.
- iv. Indian Naval Material Management Service
- v. Indian Ordnance Factory Service.
- vi. Central Water Engineering Service.
- vii. Assistant Executive Engineer(GSI).
- viii. Assistant Executive Engineer (P&T) Building.
- ix. Defence Aeronautical Quality Assurance Service.

III Services for which Colour Perception not required (or Defective Colour Perception Both Grades):-

- i. ITS Gr. 'A'.
- ii. JTO (GCS Gr. 'B')
- iii. ADO (Engg.)

Sign. Of Member
Board
With stamp

Sign. Of Member
with stamp

Sign. of Chairman/Medical
with stamp

Annexure-II**Report of Medical Board on verification of disability in respect of ESE candidates recommended against PwBD vacancies (as claimed in their disability certificate).**

Shri/Smt/Km. _____ age _____ years sex M / F identification mark(s) _____
son/wife/daughter of Shri _____ has been examined by the Medical Board constituted for verifying the disability of the candidate and he/she is found to be suffering from permanent disability of following category:-

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip
- (ii) BLA- Both legs and both arms affected.
- (iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (vi) BH - Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.
- (viii) Acid Attack Victim, Leprosy Cured, Dwarfism

B. Low Vision (LV)**C. Hearing impairment:**

- (i) D-Deaf
- (ii) PD-Partially Deaf
(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months #.

3. Percentage of disability in his/her case is _____ percent.

4. Sh./Smt./Kum _____ meets the following physical requirements for discharge of his/her duties.

| | | | |
|----|------|---|----------|
| 1 | F/MF | can perform work by manipulating with fingers | Yes / No |
| 2 | PP | can perform work by pulling and pushing | Yes / No |
| 3 | L | can perform work by lifting | Yes / No |
| 4 | KC | can perform work by kneeling and crouching | Yes / No |
| 5 | B/BN | can perform work by bending | Yes / No |
| 6 | S | can perform work by sitting | Yes / No |
| 7 | ST | can perform work by standing | Yes / No |
| 8 | W | can perform work by walking | Yes / No |
| 9 | SE | can perform work by seeing | Yes / No |
| 10 | H | can perform work by hearing/speaking | Yes / No |
| 11 | RW | can perform work by reading and writing | Yes / No |

5. Any other observation by Medical Board

(Dr. _____)
Member/Medical Board

(Dr. _____)
Member/Medical Board

(Dr. _____)
Chairman/Medical Board

#Strike out if not applicable