MEDICAL BOARD REPORT FORMAT (To be filled in triplicate) For FSF-2022

			For ESE-2022	
	0			Photograph with Roll No.,
Rank No			At Central Hospital	Rank & discp. witten on the
	adidate's statement and declaration.			back
	ast sign the declaration 'appended t		his/her own hand writing prior to hetention is specially directed to the w	
1Name	in full (in block letters):		Sex Male/ Female	
2.(a) S	tate your age and birth place			
Age	Date of Birth		Place of Birth	
2. (b) I	Oo you belong to races such as Gorl	khas, Garhwalis,	Assamese, Nagaland Tribals etc. wh s'Yes' state the name of the tribe rac	nose average height is
asthma	Have you ever had small-pox, interry, heart diseases, lung disease, fai	inting attacks, rh	ver, enlargement or suppuration of gleumatism appendicitis:	lands, spitting of Blood
Or (b)	Any other disease or acciden		nement to bed and medical or surgica	al treatment:
(c)	Whether underwent any eye S	Surgey (Radial Ko	eratotomy/Lasik/Excimer etc.) at any	•
(d)	(i) Whether PH candidate		es/No	
	o-category of disability -LV (sm Muscular Dystrophy	OA OL C	Hard Hearing/PD Acid Attack	k Victim Leprocy Cured
(Please	refer to Annexure-I of ESE Rules,	, 2022)		
4.	Have you suffered from any form		due to over work or any other cause	s.
5.		rvice/posts on the	basis of previous years exams. If ye	
Have y	ou joined the said service/post			
6.	Furnish the following particulars	s concerning your	r 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 ma	rks						
7. Details of med	lical examination	on conducted be	efore, if any :-				
(a) Place and Da		Board.					
(b) Service(s)/Po	` ′	n examined and	•	ation			
(c) Result of Me	dical Board Ex	camination, if c	ommunicated o	r 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 of 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-2022 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 presence

Signed in my

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 .	(M-152 cm & F-150 cm)
Temperature	
Girth of Chest :- (i) (After full inspiration)	
(ii) (After full expiration)	
(iii) Expansion ((i) –(ii))	
/II (PL)	(Pl tick <5 c.m >=5 c.m. both M&F candidates) <5 cm
(Unfit)	(M= Male, F= Female)
2. <u>Skin</u> – 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. GlandsThyroid
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) Haemorhoids 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.

Urii	ine analysis :
(a)	Physical Appearance
(b)	Sp. Gravity
(c)	Albumin
	Casts
	Cells
(1)	
12. ((B) Report of X-ray examination of chest
12(0	C) Details of *Gynae Examination (for female candidates only)
	Signature of Lady Doctor
13. in th	Is there anything in the health of the candidate likely to render him unfit for the efficient discharge of his duties he Service for which he is a candidate?
conf 14. \$	TE : *In the case of a female candidate, if it is found to be pregnant, she should be declared temporarily unfit until the finement is over, <i>vide</i> Regulation 10. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may use be indicated clearly by $$ and services/posts for which he/she is considered unfit if any may also be indicated clearly services.
(i) Cadı	CES Gr. A, CE&MES Gr. A, CWES Gr. A, CES (Roads) Gr. A, AEE(BRES), AEE(QS&C) Gr. A in MES Surveyor lire and IDSE Gr. A.
(ii) Buil	CPES Gr. A, CPES GR.B, INAS Gr. A, Indian Naval Material Management Service, IRRS Gr. A and AEE(P&T) lding
(iii)	AEE (Group A) in the corps of EME.
(iv)	
(v)	
(vi)	
(vii) (viii	
(ix)	
Is th	ne candidate fit for field service ?
	TE: The Board should record their findings strictly in the following certificate RTIFICATE
he:	Shri
has appe	eared for his first medical examination/re-examination on
(i)	Fit
(ii)	Unfit on account of
	5

- (iii) Temporarily unfit on account of column 13)
- (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

Sign. of Member Sign. of Member Sign. of Chairman with stamp with stamp 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. Indian Radio Regulatory Service.
- viii. Assistant Executive Engineer(GSI).
- ix. Assistant Executive Engineer (P&T) Building.
- x. Defence Aeronautical Quality Assurance Service.
- xi. Indian Skill Development Service.
- III Services for which Colour Perception not required (or Defective Colour Perception Both Grades):-
- i. ITS Gr. 'A'.
- ii. JTO (GCS Gr. 'B')

Sign. Of Member Sign. Of Member Sig. of Chairman/Medical Board With stamp with stamp 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/K	m	ageyea	ars sex M / F identification	n mark(s)		
son/wife/daughter of Shri		hrihas been exam	has been examined by the Medical Board constituted for verifying the			
disability o	f the candida	ate and he/she is found to be suffering from	m permanent disability of fol	llowing category:-		
A	. Locomot	or 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 affec	eted.			
	(iv)	OL-One leg affected (right or left)	(a) Impaired reach			
	(1v)	OL-One leg affected (fight of left)	(b) Weakness of g (c) Ataxic	grip		
	(v)	OA-One arm affected	(a) Impaired reach (b) Weakness of g (c) Ataxic			
	(vi)	BH-Stiff back and hips (Cannot sit or				
	(vii)	MW-Muscular weakness and limited	physical endurance.			
	(viii)) □AcidAttack Victim, □ Leprosy (Cured, □Dwarfism			
В	. Low Visi	ion (LV)				
C	. Hearing	impairment#:				
	(i)	D-Deaf				
	(ii)	PD-Partially Deaf				
		(Delete the category, which	ever is not applicable)			
		,	• • • • • • • • • • • • • • • • • • • •			
		gressive/non-progressive/likely to improvemented after a period of				
3. Percenta	ge of disabil	ity in his/her case ispercent.				
4. Sh./Smt.	/Kum	meets	the following physical requir	ements for discharge of		
his/her duti	es.					
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	8	Yes / No		
4	KC	can perform work by kneeling and croud	ching	Yes / No		
5	B/BN	can perform work by bending	C	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	Н	can perform work by hearing/speaking		Yes / No		
11	RW	can perform work by reading and writin	ıg	Yes / No		
5. Any other	er observatio	n by Medical Board				
(Dr)	(Dr)	(Dr)		
Member/M	edical Board	d Member/Medical	Board	Chairman/Medical Board		