

Medical Report

Name & Address of the Hospital :

Date :

Full Name of Applicant :

Address :

Age (Please verify) :YearsMonth.....

Height :Weight

COMPLAINT

PAST AND FAMILY HISTORY

Throat : Eyes: Temperature :

Tongue: Joints : Pulse :

Teeth : Glands : Heart :

Respiratory System :

Circulatory System :

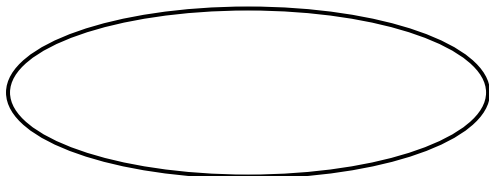
Gastro Intestinal System :

Nervous System :

Genito Urinary System :

Remarks :

In view of the foregoing, I certify that Mr./Mrs.is medically(fit/unfit).



Signature of Applicant Attested

Signature of Authorized Medical Officer/CMO
(with Official Seal)

Name:.....

Contact no.....

Signature of Authorized Medical Officer/CMO