Medical Board's Report

The followings for the guidance of medical examination:-

The standard of physical fitness to be adopted should make due allowance for in and login of service, if any, of the candidate concerned.

No person will be deemed qualified for admission to the Institute service who shall not satisfy Government, or the appointing authority, as the case may be, that he has no disease, constitutional affection, or bodily infirmity unfitting him, or likely to unfit him for that service.

It should be understood that the question of fitness involves the future as well as the present and that one of the main objects of medical examination is to secure continuous effective service and in the case of candidates for permanent appointment to prevent early pension of payments in case of premature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and that rejection of a defect which only in a small portion of cases is found to interfere with continuous service.

A lady doctor will be coopted as a member of the Medical Board, whenever a woman candidate is to be examined.

The report of the Medical Board should be treated as confidential and in no case should the candidate declared unfit be informed for the cause of rejection.

In case where a Medical Board considers that a minor disability disqualifying a candidate for Institute Service can be cured by treatment (Medical or Surgical) a statement to that effect to the candidate being informed of the Board's opinion to thus effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another Medical Board.

Annexure - I

Form for Medical Examination at the time of Joining IITR

(a) Candidate's statement and declaration.

The candidate must make the statement as required below prior to his Medical Examination and must sign the Declaration appended there to His attention is specially directed to the warning below.*

1. State your age and date of birth _____
2. State you name is full_____
3. (i) Have you ever had small-pox?

   Intermittent or any other fever enlargement
   of or suppuration of glands, spitting of blood,
   asthama, rheumatism, appendicitis?

   (ii) Any other disease or accident

   Requiring confinement to bed & medical or surgical treatment?
4. When were you last vaccinated?
5. Have you or any of your near relations been affected with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. Have you suffered from of nervousness due to over-work or any other cause?
7. Furnish the following particulars concerning your family.

Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living their ages and state of health	No. of brothers dead, their ages at and cause of death
Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at and cause of death

8. By the Candidate:
   - Whether the incumbent is a Person with Disabilities? Yes ☐ or No ☐
   - If yes, tick the Disability from the following:

   (a) VH ☐ (B) HH ☐ (C) OH ☐

VH-Visual Handicapped: ***HH- Hearing Handicapped:*** ***OH-Orthopedically Handicapped:***

I declare all above answers to be the to best of my belief, true and correct.
Candidate's Signature_____

Signed in my presence.

Signature of Chairman of the Board_____

(b) Report of the Medical Board on (name of Candidate)_____

_____

1. Physical examination

   General development: Good_____ Fair_____Poor_____

   Nutrition: Thin_____Average_____Obese_____

   Height (without Shoes)_____Best weight_____When_____

   Any recent change in weight_____

   Temperature_____

   Girth of chest: (i) (After full inspiration)_____(ii) (After full expiration)_____

2. Skin: Any abvious disease?
3. Eyes: (i) Any disease_____
   (ii) Night blindness_____
   (iii) Defect in colour vision_____
   (iv) Field of vision_____
   (v) Vision acuity:

Acuity of vision		Naked eye	With glasses	Strength of glasses		
				Sph.	Cyl.	Axis
Distant Vision	R. E. L. E.					
Near Vision	R. E. L. E.					
Hypermotropia	R. E.					

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) Hearts: Any organic lesions_____

   Rate: Standing_____

   After Hopping 25 times_____

   2 minutes after Hopping_____

   (b) Blood pressure: systolic Diastolic_____

9. Abdomen Girth_____

   Hernial Orifices:_____ Spleen_____

   Kidneys_____ Tumors_____

10. Nervous System: Indications of nervous or mental disabilities_____

    _____

11. Locomotor system: Any abnormality_____

    _____

12. Genito Urinary system: Any evidence of Hydrocele, varicocele_____

    Urine (a) Physical appearance_____

    (b) Sp. Gr._____

    (c) Albumin_____

(d) Sugar_____

(e) Castes_____

(f) Cells_____

13. Report of X-ray examination of chest_____

14. Is there anything in the health of the candidate likely to render him unfit for efficient discharge of his duties in the service for which he is a candidate?

15. For which services has the candidate been examined and found in all respect qualified for the efficient and continuous discharge of his duties and for which of them is he considered unfit?

16. By the Medical Board:

- Whether the incumbent possesses the Disability shown by him/her:

No ☐ or If Yes VH ☐ HH ☐ OH ☐

- The extent of Disability: Less than 40% ☐ 40% or more ☐

President_____

Members_____

Place_____

Date_____

Marks of Identification:

(1) _____

(2) _____

Qualification and designation of members of the Medical Board: