MEDICAL BOARD REPORT FORMAT

(To be filled in Triplicate)

For ESE-2015

Medical At Central Hospital.................Railway

(a) Candidate's statement and declaration.

Candidate must make the statement required below in his/her own hand writing prior to his 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):

2. (a) 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 :

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

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

3(d) (i) whether PH candidate - Yes/No
(ii) Sub-category of Disability* – □ OA, □ OL, □ HI/PD

*(Please refer to Annexure I of Engineering Services Rules 2015)

(Please tick appropriate Subcategory of disability)

4. Have you suffered from any form of nervousness due to overwork 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

6. Furnish the following particulars concerning your family: -

<table>
<thead>
<tr>
<th>Father's age,</th>
<th>Father's age at death &amp; cause of death</th>
<th>No. of brothers living, their ages &amp; state of health</th>
<th>No. of brothers dead, their ages &amp; cause of death</th>
<th>Mother's age,</th>
<th>Mother's age at death &amp; cause of death</th>
<th>No. of sisters living, their ages &amp; state of health</th>
<th>No. of sisters dead, their ages &amp; cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

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

Contd........2p/-
7. Details of medical examination conducted before, if any:-

(a) Place & 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-2015 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) …………………………………………………………………………..

<table>
<thead>
<tr>
<th>Physical examination</th>
<th>3. Eyes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General development:</td>
<td>i. Any disease</td>
</tr>
<tr>
<td>Good …………. Fair …………. Poor ………….</td>
<td>ii. Night Blindness</td>
</tr>
<tr>
<td>Nutrition Thin …………. average ………….</td>
<td>iii. Colour vision</td>
</tr>
<tr>
<td>Obese ……………</td>
<td>a) Ishihara</td>
</tr>
<tr>
<td>Height (without shoes) ………….</td>
<td>b) EGL 1.3mm</td>
</tr>
<tr>
<td>Weight …………. Best Weight ………….</td>
<td>c) EGL 13mm</td>
</tr>
<tr>
<td>When? …………. Any recent change in weight ………….</td>
<td>iv. Field of vision</td>
</tr>
<tr>
<td>Temperature ………….</td>
<td>v. Binocular vision</td>
</tr>
</tbody>
</table>

Girth of chest :-
(i) (After full inspiration) …………. (M&F- Min 84&79 cm)
(ii) (After full expiration) …………. 
(iii) Expansion ((i) –(ii)) …………. 
   (Pl tick □ < 5 c.m. □ ≥5 c.m. both M&F candidates)
   M= Male, F= Female

2. Skin - Any obvious disease …………. 

Contd……….3p/-

In case of color blindness please state clearly whether the candidate is fit for services requiring High Grade Color perception/Low Grade Perception or totally color blind as per Annexure 'I'.
### Visual Acuity

<table>
<thead>
<tr>
<th>Acuity of vision</th>
<th>Naked eye</th>
<th>With glasses</th>
<th>Strength of glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spherical</td>
</tr>
<tr>
<td>Distant Vision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>R.E.</td>
<td></td>
<td></td>
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<tr>
<td>L.E.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Near Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.E.</td>
<td></td>
<td></td>
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<tr>
<td>L.E.</td>
<td></td>
<td></td>
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<tr>
<td>Hypermetropia (Manifest)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.E.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.E.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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 ...............

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):
   ..........................................................
   ..........................................................
   Sg. 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?
   ........................................................................
   ........................................................................

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NOTE: *In the case of a female candidate, if it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit, vide Regulation 10.

Contd......4p-...
14. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may please be indicated clearly by √ and services/posts for which he/she is considered unfit if any may also please be indicated clearly by ×:-


iii) AEE (Group A) in the corps of EME.

iv) IOFS Gr. A.

v) ITS (Gr. A), JTO (GCS Gr. B).

vi) Survey of India.

vii) IRSS Gr. A & ISS.

vii) AEE (GSI).

Is the candidate fit for field service? ……………………………………………………………………………………………

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

CERTIFICATE

Shri ____________________________, Roll No. __________________ a candidate of ESE-2015 who has appeared for his first medical examination/re-examination on ……………………….. (date) is found to be

(i) Fit …………………………………………………

(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) Hearing impaired (HI)/ Partially Deaf (PD) only.

Sign. of Member with stamp

Sign. of Member with stamp

Sign. of Chairman with stamp

Date:

Place:

Contd…… 5p/-
Annexure I

I. Technical Services or posts requiring higher grade colour perception:-
   i to iv IRSE, IRSME, IRSEE, IRSSE
   v Indian Defence Service of Engineer(IDSE).
   vi Central Engineering Service (Roads).
   vii Central Power Engineering Service. (Gr. ‘A’ and Gr. ‘B’).
   viii Assistant Executive Engineer (Group ‘A’) in the corps of EME.
   ix. AEE(BRES) Group ‘A’ in Border Roads Organization.
   x. Survey of India
   xi Indian Inspection Service (Asst.Dir. Grade-I)
   xii. AEE (QS&C) in MES Surveyor Cadre

II. Technical Services or posts requiring lower grade colour perception:-
   i. Central Engineering Service.
   ii. Central Electrical and Mechanical Engineering Service.
   iii. Indian Naval Armament Service.
   iv. Assistant Naval Stores Service.
   v. Indian Ordnance Factory Service.
   viii Assistant Executive Engineer (GSI).
   ix. Assistant Executive Engineer (P&T) Building

III. Services for which colour perception not required:-
   i. ITS Gr. ‘A’
   ii. JTO (GCS Gr.‘B’)
   iii. IRSS Gr. ‘A’,
   iv. ISS Gr. ‘A’.

Sign. of Member with stamp
Sign. of Member with stamp
Sign. of Member with stamp

Contd……. 6p/-
Annexure-II

Report of Medical Board on verification of disability in respect of ESE candidates recommended against PH 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)
   (vi) MW-Muscular weakness and limited physical endurance.

B. Hearing impairment:
   (i) D-Deaf
   (ii) PD-Partially Deaf

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.

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>P</th>
<th>L</th>
<th>K</th>
<th>B</th>
<th>S</th>
<th>T</th>
<th>W</th>
<th>SE</th>
<th>H</th>
<th>RW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>can perform work by manipulating with fingers</td>
<td>Yes / No</td>
<td>can perform work by pulling and pushing</td>
<td>Yes / No</td>
<td>can perform work by lifting</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
<td>Yes / No</td>
<td>can perform work by sitting</td>
<td>Yes / No</td>
<td>can perform work by bending</td>
</tr>
<tr>
<td></td>
<td>can perform work by lifting</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
<td>Yes / No</td>
<td>can perform work by sitting</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
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<td>can perform work by kneeling and crouching</td>
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<td>can perform work by kneeling and crouching</td>
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<td>can perform work by kneeling and crouching</td>
<td>Yes / No</td>
<td>can perform work by kneeling and crouching</td>
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<td>can perform work by seeing</td>
<td>Yes / No</td>
<td>can perform work by seeing</td>
<td>Yes / No</td>
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<td>Yes / No</td>
<td>can perform work by seeing</td>
<td>Yes / No</td>
<td>can perform work by seeing</td>
<td>Yes / No</td>
<td>can perform work by seeing</td>
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<td>can perform work by hearing/speaking</td>
<td>Yes / No</td>
<td>can perform work by hearing/speaking</td>
<td>Yes / No</td>
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<td>Yes / No</td>
<td>can perform work by hearing/speaking</td>
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<td>Yes / No</td>
<td>can perform work by hearing/speaking</td>
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<td></td>
<td>can perform work by reading and writing</td>
<td>Yes / No</td>
<td>can perform work by reading and writing</td>
<td>Yes / No</td>
<td>can perform work by reading and writing</td>
<td>Yes / No</td>
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<td>Yes / No</td>
<td>can perform work by reading and writing</td>
</tr>
</tbody>
</table>

5. Any other observation by Medical Board …………………………………………………………………………

(Dr.___________)   (Dr.___________)   (Dr.___________)
Member/Medical Board   Member/Medical Board   Chairman/Medical Board

#Strike out if not applicable