



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
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MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE : _____

NAME OF THE POST : _____

ADDRESS OF THE CANDIDATE : _____

DATE OF JOINING : _____

INSTRUCTION FOR THE ACADEMIC SECTION

Date:

CHAIRMAN, MEDICAL BOARD

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement below prior to his Medical Examination and must sign the Declaration appended there to. His attention is specially directed to the warning contained in the note below:-

- 1 State your Name : _____
(in Block letter)
- 2 State your age and birth place : _____
- 3 Are you ? : Single / Married / Widow / Widower
- 4 Name the disease you have : _____
suffered in the past
- 5 Are you being treated for any : _____
disease at present
- 6 Have any of your near relation : _____
been afflicted with insanity
tuberculosis, diabetes mellitus,
allergic disorders gout,
excessive bleeding
- 7 Are you allergic to any : _____
substance/ drug
- 8 Have you been immunized
against the mentioned disease
please give date of vaccination
 1. Small Pox : _____
 2. Polio : _____
 3. Diphtheria : _____
 4. Tetanus : _____
 5. Tuberculosis : _____
 6. Others : _____

All the above answers are to the best of my belief, true and correct.

Candidate's Signature with date

Name of the Candidate: _____

- Note:**
1. The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information will incur the risk of losing the admission.
 2. Please put your name on all the pages indicated.

PHYSICAL EXAMINATION:

1. General development: Good : _____ Fair: _____ Poor: _____
Height (without shoes): _____ Weight: _____ Temperature: _____
Girth of chest: After full inspiration _____ After full expiration _____
2. Skin : Any obvious disease _____

3. **EYE EXAMINATION:**

1. Any disease _____
2. Night blindness _____
3. Defect in color vision _____
4. Field of vision _____
5. Visual acuity _____

Acuity of Vision	Naked Eye	With Glasses	Strength of Glass	
			Sph.Cyl.	Axl.
Distant Vision				
R.E.				
L.E.				

OPHTHALMOLOGIST OPINION: Fit / Unfit

Remarks, if any: _____

Name and Signature of Ophthalmologist:

4. **ENT EXAMINATION:**

Ear _____

Right Ear : _____ Left Ear: _____

Nose: _____ Throat: _____

ENT OPINION: Fit / Unfit

Remarks, if any: _____

Name and Signature of ENT Faculty:

Name of the Candidate: _____

5. Lymph glands _____ Thyroid _____

6. Condition of teeth: _____

7. Respiratory system: _____

8. Circulatory system: Pulse/min: _____ B.P.: _____ mm Hg

9. Heart: any Organic lesions _____

10. Abdomen: _____ Tenderness _____

Hernia: _____

Palpation: _____

Liver _____ Spleen _____ Kidneys _____

Tumors _____

11. Nervous System: _____

12. Loco-Motor System : Any abnormality: _____

13. Genito-Urinary System : Any evidence of Hydrocele / Varicocele _____

14. **Urine Analysis:**

a) Appearance b) AP. Gr.

c) Albumin d) Sugar

e) Casts f) Cells

15. **Mental Health:**

1. Adjustment _____

2. Emotional Problems _____

3. Substance Abuse _____

4. Psychotic disorder _____

Name and Signature of Psychiatry faculty: _____

16. **Any Other:** _____

Name of the Candidate: _____

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FINAL ASSESSMENT OF THE BOARD

(The Board should record their findings under one of the following three categories)

i. **Fit for pursuing the course / appointment :**

ii. **Unfit for pursuing the course / appointment on account of :**

iii. **Temporarily unfit on account of :**

CHAIRMAN : _____

MEMBER (PHYSICIAN) : _____

MEMBER (SURGEON) : _____

MEMBER (OPHTHALMOLOGIST) : _____

MEMBER (ENT) : _____

MEMBER (GYNECOLOGIST) : _____

MEMBER (PSYCHIATRIST) : _____

Date :