

## Medical Report

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Height: \_\_\_\_\_

Weight (in Kg.): \_\_\_\_\_

Chest Measurement

Normal (in cm): \_\_\_\_\_

After Respiration (in cm): \_\_\_\_\_

### VISION

\_\_\_\_\_

Right Eye

\_\_\_\_\_

Left Eye

History of past illness: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Identification Mark: \_\_\_\_\_

**Examined by me and found free from constitutional, physical and mental abnormality and fit  
for Industrial Training.**

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer *with Seal*

Full name (In block letter): \_\_\_\_\_

Registration No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate