



CERTIFICATE OF MEDICAL EXAMINATION (TO BE FILLED BY A GOVERNMENT DOCTOR)

This is to certify that I have examined _____
on _____ and the findings are as follows:

- | | | |
|-------------------------------|-------|-------|
| 1. Eyes and Vision | Right | Left |
| Colour blind | _____ | _____ |
| Visual field | _____ | _____ |
| 2. Ears | | |
| Hearing voice | Right | Left |
| | _____ | _____ |
| 3. CVS: | | |
| Pulse: _____ | | |
| BP: _____ | | |
| Hs: _____ | | |
| Liver _____ | | |
| Spleen: _____ | | |
| 4. Laboratory investigations: | | |
| Urinalysis: _____ | | |
| Albumin: _____ | | |
| Sugar: _____ | | |
| Stool: _____ | | |
| VDRL: _____ | | |

5. General observation if care is desired in any special direction. Please give details

Doctor's Signature _____ Date and Official Stamp