Preliminary Medical Certificate for Admission to Residential School, Netarhat

1. Name :
2. Father's Name :
3. Age(according to Medical Board) :
4. Weight(in kgs. With light clothing) :
5. Chest Measurements - { Full Expiration- ''

   { Full inspiration- ''

6. Height : ' ''
7. Vision(Without Glasses) R.E. L.E.
8. Is there any ecidence of disease/ abnormality of the following :

Mouth	Teeth	Ears	Nose	Thoat	Stomach or intestines	Spleen	Liver	Heart	Lungs	Kidneys

9. General build of the body :
10. Physical Condition (Sign of Avitaminosis etc. if any) :
11. Is physically handicapped ? :
12. Identification mark :
13. Has the candidate got any of the following disease ?

Hernia	Hydrocele	Filarial swelling	Enlarged glands	Anemia
Hademorrhoides or vericose veins	Venerial diseases including congenital	Deformities of bones, joints Legs and Foot	Any other present or Past disease or defect(like T.B Leprosy etc.)	Date of last vaccination

14. Urine Sugar Sp. Gravity Albumen

15. I hereby certify that I have examined (name of the student)…….

……..Roll No ……and consider him fit/temporarily infit/ infit for admission to Residential School. Netarhat as per the standard of physical fitness laid down in the rules.

Station

Date : Civil Surgeon/Senior Executiv Medical Officer