इंडियन बैंक
Indian Bank

GUIDELINES AND CRITERIA FOR PHYSICAL FITNESS

FOR PRE-EMPLOYMENT MEDICAL EXAMINATION

(PART 1 OF 3 -TO BE READ BY CANDIDATE AND EXAMINING DOCTORS)

1.PROCEDURE FOR MEDICAL EXAMINATION:

1.1.Medical Examination as prescribed under these guidelines is to be conducted by a Civil Surgeon or a District Medical Officer or a Medical Officer of equivalent status. Bank reserves the right to re-examine or review a medical report.
In case of female candidate (i) in Delhi the medical certificate shall be signed by an Assistant Surgeon Grade I (woman) under the Contributory Health Service Scheme; and (ii) in any other place by a registered female medical practitioner possessing a medical qualification included in one of the schedules to the Indian Medical Council Act, 1956 (102 of 1956) (Indian Medical Central Act, 1970 and Homeopathy Central Council Act, 1973)

1.2.Left Hand fingerprints / impressions: Examining doctor should get the impressions of all the fingers of the left hand on the space provided for the same and get duly signed by the candidate.

1.3.A woman candidate, who as a result of tests, is found to be pregnant of 12 weeks' standing or over, should be declared temporarily unfit until the confinement is over. The candidate should be re-examined for a fitness certificate six weeks after the date of labour, subject to the production of medical certificate of fitness from a registered medical practitioner.

1.4.Urine : If albumin, sugar or any other abnormality deducted, further laboratory test will be conducted to determine the cause.

2. RELAXATION FOR PHYSICALLY CHALLENGED PERSONS:

2.1.Physically challenged persons may be selected against the identified Posts, where such persons can perform their duties with reasonable efficiency and without undue physical strain or hazard.

2.2.The candidate except for the handicap must be within the normal range of all other physical standards.

Roll No. **Name:** **Signature of candidate**

Signature of the Medical Practitioner

PART 2 OF 3 -TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION

Permanent Address:

_____
_____
_____
_____

Present Address:

_____
_____
_____
_____

Answer all Questions: Put (✔) Mark in the Column 'Yes' / ' No'

Sl. No.	Question	Yes	No
1	Are you on any prolonged medication?		
	If Yes, specify:		
2	Are you allergic to any medicine?		
	If yes, specify		
3	Do you suffer from any of the following		
	High Blood pressure		
	Heart Disease		
	Tuberculosis		
	Stroke (Paralysis due to Haemorrhage in brain)		
	Diabetes		
	Mental illness		
	Cancer		
	Any other disease, please specify:		
4	Do you take alcoholic beverages / intoxicants?		
5	Do you smoke or take tobacco?		
	If yes, how much every day?		
6	Do you have fainting spells?		
7	Do you become unusually short of breath when you walk upon flight of stairs?		
8	Have you had a cough that started in the last 6 months & remained more than a month?		
9	Have you ever vomited or coughed out blood?		
10	Do you have weakness or paralysis of either of your arms or legs?		
11	Do you ever feel so depressed that it interferes with your jobs or with your doing house work?		
12	Do you feel that you need medical or psychiatric help because of nervousness?		
13	Have you ever been rejected in Pre Employment Medical Examination.		
	If yes, name of the company, where you got appointment :		

Roll No. **Name:** **Signature of candidate**

Signature of the Medical Practitioner

14	Do / Did any of your family member(s) suffer(ed) from any of the following:		
	High Blood pressure		
	Heart Disease		
	Tuberculosis		
	Stroke (Paralysis due to Haemorrhage in brain)		
	Diabetes		
	Mental illness		
	Cancer		
15	Do you have Hernia / Piles / Hydrocele?		
16	For Female Candidates – Whether pregnant of 12 weeks' standing or over.		
17	Please specify significant information, if any, not covered above:		

Marital History : Single / Married / Widowed / Widower / Divorced

No. of Children : Male _____ Female _____

F P History : Vasectomy / Tubectomy

Immunization : Tetanus Toxoid: I II III Booster: I II

Hepatitis B : I II III

PAST EMPLOYMENT, IF ANY:

NAME OF COMPANY	NO. OF YEARS	NATURE OF JOBS	A N Y OCCUPATIONAL HEALTH AILMENT

DECLARATION BY THE CANDIDATE:

I declare that the above information is true and correct to the best of my knowledge and belief.
Date: _____
Place: _____ Signature of Candidate

FINGER PRINT OF LEFT HAND FINGERS

Little Finger	Ring Finger	Middle Finger	Index Finger	Thumb

Signature of the Medical Practitioner

PART 3 OF 3 - MEDICAL REPORT

I hereby certify that I have examined (Full Name) Mr./Ms._____ a candidate for employment as _____in Indian Bank and cannot discover that he/she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except _____. I do not consider this a disqualification for employment in the office of Indian Bank. His/her weight is not in very much excess or below the normal.

His / Her age is according to his / her statement _____ years and by appearance about _____ years. I also certify that he/she has marks of small pox/vaccination.

S.No	Physical Standards	Measurements
1	Height	in cms
2	Weight	in kgs
3	Chest measurement	
3.1	On full inspiration	in cms
3.2	On full expiration	in cms
3.3	Expansion (Difference)	in cms

4	Vision and Hearing Standards	
4.1	Vision is (Please tick the appropriate)	a) Normal ☐ b) Defective ☐
4.2	Hypermetopic (enter the degree of defect and the strength of correction spectacles)	
4.3	Myopic (enter the degree of defect and the strength of correction spectacles)	
4.4	Astigmatic (Please tick and enter the degree of defect and the strength of correction spectacles)	a) Simple ☐ b) Mixed ☐
4.5	Hearing is (Please tick the appropriate)	a) Normal ☐ b) Defective ☐
5	Urine Test (Result of Chemical Examination)	
	(i) Albumin	
	(ii) Sugar	
	(iii) State Specific Gravity	
6	Female Candidates : Whether pregnant of 12 weeks' standing or over	Yes ☐ No ☐
7	Personal Marks of identification (Please provide two marks)	

Signature of the Medical Practitioner :
Name :
Registration No :
Place & Date :
Seal