

CONFIDENTIAL

in lieu of A.F.M.S.F 2 (Ver 2002)

MEDICAL EXAMINATION REPORT ON ENTRY

MEDICAL EXAMINATION HELD AT **CAPITAL HOSPITAL, BHUBANESWAR**

1. Name in Full 2. Date of Birth
 3. Married or Single 4. Hours Flown
 5. Service: **ADMISSION IN SAINIK SCHOOL BHUBANESWAR** 6. Arm/Corp/Branch/Trade ...
 7. Permanent Address 8. Identification Marks
 (a)
 (b)

Recent
photograph of
the candidate to
be pasted here
and then duly
attested

PERSONAL STATEMENT

9. FAMILY HISTORY							
Relation	If Alive			If Expired			
	Age (Yrs)	Health		Cause of Death		Died (Yrs)	
Father							
Mother							
Brother/Sister							
"							
"							
"							
Any Family History of	Hypertension	Heart Disease	Diabetes	Bleeding Disorders	Mental Disease	Night Blindness	Bed Wetting

10. PERSONAL HISTORY			
Has your son suffered from any of the following illness / conditions?			
Illness	(Yes/No)	Illness	(Yes / No)
Chronic Bronchitis / Asthama		Discharge from Ears	
Pleurisy / Tuberculosis		Any other Ear Disease	
Rheumatism/Frequent Sore Throats		Frequent Cough & Cold / Sinusitis	
Chronic Indigestion		Nervous Breakdown/Mental illness	
Kidney/Bladder Trouble		Fits/Fainting Attacks	
STD		Severe Head Injury	
Jaundice		(For female candidates only)	
Air, Sea, Car, Train sickness		Breast Disease/Discharge	
Trachoma		Amenorrhoea/Dysmenorrhoea	
Night Blindness		Menorrhagia	
Laser treatment/Surgery for Eye		Pregnancy	
Any other Eye disease		Abortion	

Have you ever been rejected as medically unfit for any branch of the Armed Forces	(Yes / No)
Have you ever been discharged as medically unfit from any branch of the Armed Force	(Yes / No)
Have you ever been admitted in hospital for any illness, operation or injury?	(Yes / No)
If so, state the nature of the disease and duration of stay in hospital.	
Any other information you can give about your health?	
I hereby declare that I have answered as fully as possible all the questions about my family and personal health and that the information given is true to the best of my knowledge.	

Signature of Medical Officer

Signature of Candidate

Date

Date.....

CONFIDENTIAL**EXAMINATION****MEDICINE**

11.	(a)	Height without Shoe cms	(b)	Weight (actual) (acceptable)	Kg Kg	(c)	Leg Length (for pilots only)	cms
	(d)	Urine Examination	Appearance	Albumin	Sugar		Specific Gravity	
	(e)	Blood Examination (i) Hb gm% (ii) Any other investigation carried out						
	(f)	Physique						
	(g)	Skin						
	(h)	Abdomen (<i>Liver & Spleen</i>)						
	(i)	Cardio Vascular System (<i>Heart Size, Sounds, Rhythm, Arterial Walls, Pulse Rate and BP</i>)						
	(j)	Respiratory System (<i>including X-ray examination when applicable</i>)	Chest Measurements					
			Full Expansion		cms			
			Range of Expansion		cms			
	(k)	Central Nervous System	Self Balancing					
			R					
			L					
	(l)	Speech, Mental capacity & Emotional stability						
	(m)	Endocrine conditions						
	(n)	Any other abnormalities or conditions affecting physical capacity not already noted						
Remarks								
Date				Signature of Medical Specialist				

SURGERY

12	(a)	Upper Limbs (Fingers, hand, wrist, elbows, shoulder girdles, cervical and dorsal vertebrae)						
	(b)	Lower Limbs (Hallux vagus rigidus rigidus, flat feet, joints, pelvis) & Gaits						
	(c)	Lumbar and sacral vertebrae, coccyx and varicose veins						
	(d)	Genito - urinary and perineum (Hydrocele, varicocele, undescended testes and haemorrhoids)						
	(e)	Hernia & Muscle						
	(f)	Breast						
Remarks								
Date				Signature of Surgical Specialist				

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CONFIDENTIAL**EYE**

13	(a)	Distant Vision	R	L	(b) Near Vision	R	L	(c) CP
		Without Glasses			Without Glasses			
		With Glasses			With Glasses			
	(c)	Any evidence of Trachoma / its complication or any other disease						
	(d)	Binocular Vision & Grade						
SPECIAL EXAMINATION WHEN APPLICABLE								
Manifest Hypermetropia, Myopia R & L					Cover Test			
Diaphragm Test (PD Moddex Wing Test					Fundi & Media			
Fields					Night Visual Capacity			
Convergence		{ C	cms		Accommodation		{ R	
		{ SC	cms				{ L	
Remarks								
Date					Signature of Eye Specialist			

EAR NOSE & THROAT

14	(a)	Ear						
	(i)	Hearing	R	L	Both			
		CV	cms	cms	cms			
		FW	cms	cms	cms			
	(ii)	External Ear (Wax)	R	L				
	(iii)	Middle Ear (<i>Tympanic Membrane & Eustachian Tube</i>)						
	(iv)	Inner Ear (<i>Cochlea & Vestibular Apparatus</i>)						
	(v)	Audiometry Record (special exam when applicable)						
	(b)	Nose						
	(c)	Throat						
Remarks								
Date					Signature of ENT Specialist			

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CONFIDENTIAL**DENTAL**

15	(a) Total No. of Teeth	Missing / Unsaveable Teeth
	(b) Total No. of Defective Teeth	U.R. 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 U.L.
	(c) Total No. of Dental Point	L.R. 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 L.L.
	(d) Condition of Gums	Missing teeth to be indicated by Horizontal Line (--) and Unsaveable teeth by cross (x) through the appropriate number
Remarks		
Date		Signature of Dental Officer

GYNECOLOGY

16	(a) Menstrual History	(b) LMP
	(c) Nos. of Pregnancies	(d) Nos. of Abortions
	(e) Nos. of Children	(f) Date of last Confinement
	(g) Vaginal Discharge	(h) Prolapse
	(i) USG Abdomen	
Remarks		
Date		Signature of Gynecologist

FINDINGS OF MEDICAL BOARD / EXAMINATION

Place

Date

Member

Member

Signature of President

FINDINGS OF SUBSEQUENT MEDICAL BOARD / EXAMINATION

Place

Date

Member

Member

Signature of President

APPROVING AUTHORITY

(where applicable)

Place

Signature

Date

Member

Member

Rank & Designation

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14. (a) Name and address of the School in which the boy is studying at present or studied at any time in the past:

(b) Whether the School is recognised? Yes or No: _____

(c) Class in which studying: _____

15. Permanent Address:

House No:

Vill:

PO:

Teh:

PS:

Distt:

State

PIN:

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16. Has your son/ward appeared in entrance examination earlier? If yes, please give the following details

Name of the Centre	Year	Roll Number	Class	Name of Sainik School

DECLARATION BY PARENTS

I solemnly declare that the particulars given above are true and correct and no information required to be given has been concealed. In the event of any of the above information has been found incorrect at any time, I undertake to refund full amount of the scholarship immediately on demand, and without demur and will have no objection to my above named son/ward being immediately removed from the rolls of the School.

I undertake that I will not dispute the correctness of decision given by the School with regard to the evaluation and the other procedure followed for admission of candidate and that decisions given by the School will be accepted as final verdict.

Date: ____/____/2020

(Signature and Name of the Father/Mother/Guardian)

Place: _____