

FORM OF MEDICAL CERTIFICATE

(To be obtained from Medical Officer not below the rank of Civil Surgeon Gr.II)

I have this day, medically examined Shri.....
.....(Name & Address) and found that he has no disease of infirmity, which would render him unsuitable for Government Service. His age, according to his own statement isand by appearance is and his standards of vision are as follows:-

STANDARDS OF VISION
(Eye Sight without glasses)

Right Eye

Left Eye

1.Distant Vision.....Snellen

.....Snellen

2. Near VisionSnellen

.....Snellen

3. Field of Vision

(Specify whether full or not. Entry 'normal' 'good' etc., will be inappropriate here).

4. Colour Blindness

5. Squint

6. Any morbid conditions of the eye or lid of either eye.

He is physically fit for the post of Fireman Driver cum Pump Operator in Fire & Rescue Services Department and has good physique and fitness and has the capacity to do rough outdoor work.

Signature

Name and Designation of the Medical Officer

Place:

Date:

(Office Seal)

Note:- Details regarding-

Standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as vision “normal”, “average” etc. will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the Certificate will not be accepted. Applications with defective Medical Certificates will be rejected.