



**Aryavart Bank**  
CRP RRB (XIII) 2024

**MEDICAL REPORT ON PHYSICAL FITNESS FOR EMPLOYMENT**

NAME	
TO BE EMPLOYED AS	
MARK OF IDENTIFICATION	
DATE OF EXAMINATION	
ANY FAMILY HISTORY OF TUBERCULOSIS, ASTHAMA, ECZEMA, DIABETES, HIGH BLOOD PRESSURE, RHEUMATISM, CANCER	
ANY PERSONAL HISTORY OF MAJOR ILLNESS, INJURY OR OPERATION	
GENERAL APPEARANCE	
ANY PREVIOUS PHYSICAL DEFORMITY	
HEIGHT	
WEIGHT	
CONJUNCTIVA	
SKIN	
EAR	
NOSE	
THROAT	
TEETH	
TONSILS	
LYMPH NODES	
LUNGS:- (A) AIR ENTRY (B) BREATH SOUNDS (C) ADVENTITIOUS SOUNDS	
HEART:- (A) SIZE (B) SOUNDS (C) MURMURS	(A) (B) (C)
ABDOMEN:- (A) ANY LUMP (B) ANY TENDERNESS (C) LIVER (D) SPLEEN (E) HERNIA	(A) (B) (C) (D) (E)
NERVOUS SYSTEM:- (A) MUSCLE TONE (B) MUSCLE POWER (C) SENSATION (D) DEEP TENDON REFLEXES (E) SUPERFICIAL REFLEXES (F) PUPILA	(A) (B) (C) (D) (E) (F)
SKELETAL SYSTEM	
GENITO-URINARY SYSTEM	HYDROCELE
URINE EXAMINATION	ALBUMIN SUGAR
VISION	DISTANT RE LE NEAR RE LE
REMARKS (STATE FITNESS FOR THE JOB)	

PLACE \_\_\_\_\_

DATE \_\_\_\_\_

(Medical Officer)  
Seal/Signature

Signature of the candidate to be obtained by the Medical Officer at the time of Medical Examination

Note: Please enclose following Diagnostic Reports along with this Medical Report: (1)CBC, (2)Urine, (3)Blood sugar-Fasting & PP, (4) Lipid Profile, (5) ECG, (6)Chest X Ray, (7)HIV