

MEDICAL BOARD REPORT FORMAT
(To be filled in Triplicate)
For ESE-2020

Roll No.

EnggDiscp.....

Medical At Central HospitalRailway

Rank No.....

Photograph
with Roll No.
& Discp.
written on the
back

(a) Candidate's statement and declaration.

Candidate must make the statement required below in his/her own hand writing prior to his/her Medical Examination and must sign the declaration 'appended thereto'. Their attention is specially directed to the warning contained in the Para 08 below:-

1. Name in full(in block letters) :

.....

2(a). Age : Date of Birth: Place of Birth:

.....

2(b). Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribals etc, whose average height is distinctly lower? Answer 'Yes' or 'No' and if the answer is 'Yes' state the name of the tribe race :

.....

3(a). Have you ever had small-pox intermittent or any fever, enlargement or suppuration of glands, spitting of Blood, asthma, heart diseases, lung disease, fainting attacks, rheumatism, appendicitis :

.....

Or

3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment :

.....

.....

3(c). Whether underwent any eye surgery (Radial Keratotomy / Lasik/ Excimer etc.) at any time. If yes, details thereof :

.....

3(d) (i) whether PwBD candidate - Yes/No

(ii) Sub-category of Disability* – ☐LV, ☐OA, ☐OL,☐ Hard Hearing/PD, ☐ Acid Attack Victim, ☐Dwarfism,☐Leprosy Cured,☐Muscular Dystrophy

*(Please refer to Annexure I of ESE Rules 2020)

(Pl tick appropriate Subcategory of disability)

4. Have you suffered from any form of nervousness due to overwork or any other causes

.....

5. Have you been allotted to any service/posts on the basis of previous years exams. If yes, give details thereof

.....

Have you joined the said service/ post

6. Furnish the following particulars concerning your family:-

Father's age, if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages & state of health	No. of brothers dead, their ages & cause of death	Mother's age, if living & state of health	Mother's age at death & cause of death	No. of sisters living, their ages & state of health	No. of sisters dead, their ages & cause of death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

.....

.....

.....

.....

Present Address
 Pin Code

Mobile No. Email ID

Identification marks

7. Details of medical examination conducted before, if any:-

- (a) Place & Date of Medical Board
- (b) Service(s)/Post(s) for which examined and year of Examination
- (c) Result of Medical Board Examination if communicated or known.

8. All the above answers are to the best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. I am fully aware of the provisions of ESE-2020 Rules. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate's Signature with date

Signed in my presence
 Signature of the Chairman of the Board
 with date and stamp of the Board

(b) Report of the Medical Board on (name of candidate)

Physical examination

1. BMI: (BMI>35temporarily unfit):

.....
 Height (without shoes)
 (M-152 cm & F-150cm)
 Temperature
 Girth of chest :-
 (i) (After full inspiration)*
 (ii) (After full expiration) *
 (iii) Expansion ((i) –(ii)) *

(Pl tick ☐ < 5c.m. ☐ >=5 c.m. both M&F
 candidates) < 5 cm (Unfit) M= Male, F= Female

(*For all services Chest expansion should be minimum 5 cm. Absolute Values
 of measurement during inspiration and expiration should not be adhered to for disqualification)

2. Skin - Any obvious disease

.....

3. Eyes

- i. Any disease

 ii. Night Blindness

 iii. Colour vision
 a) Ishihara
 b)EGL 1.3mm
 c)EGL 13mm
 iv. Field of vision

 v. Binocular vision

 vi. Visual acuity

 vii. Fundus Examination

In case of color blindness please state clearly whether the candidate is fit for services requiring High Grade Color perception/Low Grade Perception or totally color blind as per Annexure-I

Visual Acuity

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Spherical	Cylindrical	Axis
Distant Vision R.E. L.E.					
Near Vision R.E. L.E.					
Hypermetropia (Manifest) R.E. L.E.					

4. Ears: Inspection

Hearing Right Ear

Left Ear

5. Glands Thyroid

6. Condition of teeth

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs?

If yes, explain fully

8. Circulatory system:

(a) Heart: Any organic lesions?

Rate

Standing

After hopping 25 times

Two minutes after hopping

(b) Blood Pressure: Systolic

Diastolic

9. Abdomen: Girth

Tenderness

Hernia

(a) Palpable:

Liver Spleen

Kidneys Tumors

9.(b) Hemorrhoids

Fistula

10. Nervous System: Indications of nervous or mental disabilities

11. Loco-Motor System: Any abnormality

12(A) Genito Urinary System : Any evidence of Hydrocele, Varicocele etc.

Urine analysis:

(a) Physical Appearance

(b) Sp. Gravity

(c) Albumin

(d) Sugar

(e) Casts.....

(f) Cells.....

12(B) Report of X-ray examination of chest

12(C) Details of *Gynae Examination (for female candidates only):

Sig. of Lady Doctor

13. Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

NOTE: *In the case of a female candidate, if it is found to be pregnant, she should be declared temporarily unfit until the confinement is over, vide Regulation 10 of ESE Rules-2020.

14. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may please be indicated clearly by $\sqrt{}$ and services/posts for which he /she is considered unfit, if any, may also please be indicated clearly by \times :-

- i) IRSE , IRSME, IRSEE, IRSSE, CES Gr. A, CE&MES Gr. A, CWES Gr. A, CES(Roads) Gr. A, AEE(BRES), AEE(QS&C) Gr. A in MES Surveyor Cadre and IDSE Gr. A.
- ii) CPES Gr. A, CPES GR B, INAS Gr. A, ANSO Gr. A, IRRS Gr. A and AEE (P&) Building
- iii) AEE (Group A) in the corps of EME
- iv) IOFS Gr. A, ISDS and DAQAS
- v) ITS (Gr. A), JTO (GCS Gr. B).
- vi) Survey of India.
- vii) IRSS Gr. A
- viii) AEE (Geological Survey of India/GSI)

Is the candidate fit for field service?

NOTE : The Board should record their findings strictly in the following certificate

CERTIFICATE

Shri _____, Roll No. _____ a candidate of ESE-2020 who has appeared for his/her first medical examination/re-examination on (date) is found to be

- (i) Fit
- (ii) Unfit on account of
- (iii) Temporarily unfit on account of

} (pl ensure this
matches with findings
of Column 13 at page 3

(iv) Fit only for one of the following sub categories of disability for which vacancies are identified for Persons with Benchmark Disabilities. (Please tick relevant category and strike off others).

- (a) One Arm (OA) affected sub-category only.
- (b) One Leg (OL) affected sub-category only.
- (c) Hard Hearing (HH)/ Partially Deaf (PD) only.
- (d) Acid Attack Victim
- (e) Leprosy Cured
- (f) Dwarfism
- (g) Low Vision (LV) sub-category only.

Sign. of Member
with stamp

Sign. of Member
with stamp

Sign. of Chairman
with stamp

Date :

Place:

Annexure- I**I. Technical Services or posts requiring Higher Grade Colour Perception (HGCP):-**

- i to iv IRSE, IRSME, IRSEE, IRSSE
- v Indian Defence Service of Engineer(IDSE).
- vi Central Engineering Service (Roads).
- vii Central Power Engineering Service. (Gr. 'A' and Gr. 'B').
- viii. Assistant Executive Engineer (Group 'A') in the Corps of EME
- ix AEE(BRES) Group 'A' in Border Roads Organization
- x. Survey of India
- xi. AEE (QS&C) in MES Surveyor Cadre

**II. Technical Services or posts requiring Lower Grade Colour Perception (LGCP):-
(or Defective Higher Grade Colour Perception- DHGCP)**

- i. Central Engineering Service.
- ii. Central Electrical and Mechanical Engineering Service.
- iii. Indian Naval Armament Service.
- iv. Assistant Naval Stores Service.
- v Indian Ordnance Factory Service.
- vi Central Water Engineering Service.
- vii Indian Radio Regulatory Service.
- viii Assistant Executive Engineer (GSI).
- ix Assistant Executive Engineer (P&T) Building.
- x. Defence Aeronautical Quality Assurance Service (DAQAS)
- xi. Indian Skill Development Service

**III. Services for which colour perception not required:-
(or Defective Colour Perception Both Grade)**

- i. ITS Gr. 'A'
- ii. JTO (GCS Gr. 'B')
- iii. IRSS Gr. 'A',

Sign. of Member
with stamp

Sign. of Member
with stamp

Sign. of Chairman/Medical Board
with stamp

Annexure –II**Report of Medical Board on verification of disability in respect of ESE candidates recommended against PwBD vacancies (as claimed in their disability certificate).**

Shri/Smt/Km. _____ age _____ years sex M / F identification mark(s) _____
 son/wife/daughter of Shri _____ has been examined by the Medical Board constituted for verifying the disability of the candidate and he/she is found to be suffering from permanent disability of following category:-

A. Locomotor or cerebral palsy#:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip
- (ii) BLA- Both legs and both arms affected.
- (iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.
- (viii) ☐ AcidAttack Victim, ☐ Leprosy Cured , ☐ Dwarfism

B. Low Vision (LV)**C. Hearing impairment#:**

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months #.

3. Percentage of disability in his/her case is _____ percent.

4. Sh./Smt./Kum _____ meets the following physical requirements for discharge of his/her duties.

1	F/MF	can perform work by manipulating with fingers	Yes	/	No
2	PP	can perform work by pulling and pushing	Yes	/	No
3	L	can perform work by lifting	Yes	/	No
4	KC	can perform work by kneeling and crouching	Yes	/	No
5	B/BN	can perform work by bending	Yes	/	No
6	S	can perform work by sitting	Yes	/	No
7	ST	can perform work by standing	Yes	/	No
8	W	can perform work by walking	Yes	/	No
9	SE	can perform work by seeing	Yes	/	No
10	H	can perform work by hearing/speaking	Yes	/	No
11	RW	can perform work by reading and writing	Yes	/	No

5. Any other observation by Medical Board

(Dr. _____)
 Member/Medical Board

(Dr. _____)
 Member/Medical Board

(Dr. _____)
 Chairman/Medical Board

#Strike out if not applicable