

PROFORMA FOR INITIAL MEDICAL EXAMINATION FOR B-1 AND C-1 MEDICAL CATEGORIES IN RAILWAYS –  
ACT APPRENTICE

Photograph of the candidate attested by Govt. Medical Officer not below the rank of Asst. Surgeon of the Central/State Hospital.

Name of the Medical Officer,

Designation Stamp

State Medical Council Regn. Number

Candidate for the post of \_\_\_\_\_ in the Railway Medical Category \_\_\_\_\_

Identification Marks : 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Details of medical examination: Eye, Ear and Speech Examination:

Medical Examination	(To be filled up by the Examining Doctor)	(To be filled up by Railway Doctor)	
		B-1	C-1
Binocular Vision	Present/Not present		
EGL with 13 mm Colour Vision	Pass/Fail		
Near Vision	With / Without correction (Value_____, ____)		
Distant Vision	With / Without correction (Value_____, ____)		
Power of Glasses	<4D or > 4D		
PCIOL	Present / Absent		
Kerato Refractive Surgery	Yes / No		
Contact Lenses	Yes / No		
Fundus examination Findings	Normal/Abnormal		
Evidence of any progressive diseases of the Eye	Yes / No		
Range of Eye Movements	Normal / Abnormal		
Field of Vision	Normal / Abnormal		
Pupillary Reflexes	Normal/Abnormal		
Hearing capability separately for Right & Left Ear at distance of 6 meters by voice test	Normal/Defective		
Hearing Aid	Present / Absent		
Speech	Normal / Abnormal		
Stammering	Yes / No		

Signature of the Medical Officer

**General Physical Examination:**

Height		Skin - Any obvious disease	
Weight		Ears – Inspection	
BMI		Glands	
Girth of Chest		Thyroid	
After Full inspiration		Condition of teeth	
After Expiration		Respiratory System (Any abnormality explain)	
Chest Expansion			
Nervous System Indication of Nervous/Mental Disabilities		Circulatory System	
Locomotor System any abnormality		Heart - Any organic lesions Blood Pressure	
Genital urinary system- Any evidence Hernia/Hydrocele		Tenderness Abdomen Hernia	
Urine Examination Physical appearance Albumin, Sugar, Casts Cells – Yes/No		Palpable Organs Liver/Spleen/Kidneys/ Tumours	
Report of X-ray examination of Chest		Haemorrhoids Fistula Yes / No	
Details of Gynaec examination (For female candidates only)			

Is there anything in the health of the candidate likely to render him unfit for efficient discharge of his/her duties as Act Apprentice in the Railways – **YES / NO**

**Signature of the candidate:**\_\_\_\_\_

**Signature of the Medical Officer:**\_\_\_\_\_

**LTI of the Candidate**

**Name:**

**Date of Medical Examination:**

**Designation Stamp:**

**Place:**

**State Medical Council Regn. No :**

**Recommendation of Railway Medical Authority:**

The candidate is fit in \_\_\_\_\_ Medical Category.

**Signature of the Railway Doctor:**\_\_\_\_\_

**Name:**

**Designation:**

**Date:**