



Pandyan Grama Bank ## Administrative Office ## Virudhunagar

Medical certificate to be submitted at the time of joining

Date:

Name:

Age:

Sex:

Occupation:

Married/ Unmarried

MEDICAL HISTORY

History of Previous illness / Present illness of self:

Diabetes

Small Box

Typhoid

VD

Operation undergone, if any

Disability, if any

Immunization Record:

T.A.B

Vaccination

Others

Last Date

Medical History of Self / Family History

T.B

Diabetes:

Any other ailment (To be declared by the Candidate):

The facts given above are true and correct to the best of my knowledge.

Signature of the Member

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Physical Examination

General:

Height in cms;

Weight in Kgs; Glands;

Temperature:

Respiratory System:

Rate of Resp: Chest Full Insp: Full Exp: Lungs

Circulatory System:

Heart Apex Beat Pulse BP ECG

Digestive System:

Liver Throat Spleen

Others:

Generative System Hydrosol VD Hernia

Eye, including colour blindness General Disability, If any, with percentage

Pathological Tests:

Blood Test :

Blood Group :

Sugar Fasting / PP :

Hemoglobin :

Blood Urea :

Excretory System:

Urine React on Sp. Gr.

 ALB Sugar

Neurological disorder if any:

Other / General Remarks / Member's fitness to be certified.

Date:
Station:

Medical Officer
Regd. No. Rank and address
(Not below the Rank of a Civil Surgeon)