

## MEDICAL CERTIFICATE

(Refer Article 49 of C.S.R read with Navy Order 5/73(Civ))

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1. I hereby certify that I have examined Shri/ Smt/ Kum \_\_\_\_\_ candidate for employment in Navy as \_\_\_\_\_ and cannot discover that he / she has disease (communication or otherwise) constitutional weakness or infirmity or bodily infirmity except \_\_\_\_\_.
2. I do not consider this a disqualification for employment in the Navy. His / her age according to his/ her own statement is \_\_\_\_\_ years and by appearance about \_\_\_\_\_ years.
3. Identification Marks:-
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
4. (a) I consider that he / she is **FIT FOR SERVICE** and also for **FIELD SERVICE**.  
(b) I consider that he/she is **TEMPORARILY UNFIT** on account of \_\_\_\_\_
5. Candidate's Signature \_\_\_\_\_

Medical Superintendent /  
Medical Officer-in-Charge

Place :-

Date :- \_\_\_\_\_

\*\* In case of Female candidate, if it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit in terms of Article 51 under CSR.

## CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the Note below)

1. State your name in full :-

\_\_\_\_\_ (in block letters)

2. State your age and place of birth :-

\_\_\_\_\_ (a) Have you ever had smallpox intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, and appendicitis \_\_\_\_\_

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment \_\_\_\_\_

3. When have you last vaccinated? \_\_\_\_\_

4. Have you or any of your near relations been afflicted with consumption, scrofula, asthma, fits, epilepsy or insanity? \_\_\_\_\_

5. Have you been examined and declared fit for Government service by a Medical Officer / Medical Board, within the last three years \_\_\_\_\_

6. Have you suffered from any form of nervousness due to overwork or any other cause? \_\_\_\_\_

7. Furnish the following particulars concerning your Family:-

8.

Father's age, if living and state of Health	Fathers age at death and cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death and cause of death

Contd.....2/-

Mother's age, if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death and cause of death

I Declare all the above answers to be, the best of my belief true and correct.

I also solemnly affirm that I have not received a Disability Certificate pension on account of any disease or other conditions.

Candidate's Signature :- \_\_\_\_\_

Signed in my presence :- \_\_\_\_\_

Signature of Medical Officer : - \_\_\_\_\_

**NOTE:** The candidate will be held responsible for accuracy of the above statement. BY willfully suppressing any information he/ she will incur the risk of losing the appointment and, if approved, of forfeiting all claim to superannuation allowances or gratuity.