MEDICAL BOARD REPORT FORMAT
(To be filled in Triplicate)
For ESE-2019

Roll No. .....

Engg Discp.....

Rank No......

Medical At Central Hospital ……**Railway**

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 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* – □ OA, □ OL, □ HH/PD □ Acid Attack Victim, □ Dwarfism, □ Leprosy Cured,
*(Please refer to Annexure I of ESE Rules 2019)
(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-2019 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>35 temporarily 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 unfit for the efficient discharge of his duties in the service for which he 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-2019*

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

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, INAS Gr. A, ANSO Gr. A and IRRS Gr. A

iii) IOFS Gr. A, ISDS and DAQAS

iv) ITS (Gr. A), JTO (GCS Gr. B).

v) Survey of India.

vi) IRSS Gr. A

vii) 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-2019 who has appeared for his 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

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 AEE(BRES) Group 'A' in Border Roads Organization
ix. Survey of India
x. 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. Defence Aeronautical Quality Assurance Service (DAQAS)
x. 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)	☐ Acid Attack Victim, ☐ Leprosy Cured , ☐ Dwarfism	

B. 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._____) (Dr._____) (Dr._____)
Member/Medical Board Member/Medical Board Chairman/Medical Board
#Strike out if not applicable