

HEALTH CERTIFICATE

I have this day, medically examined Sri/Smt.
(Address)..... and found that he/she has hearing and general physical fitness for strenuous outdoor work in the Forest Department. His age, according to his own statement isand by appearance is and his standards of vision are as follows:-

(i) STANDARDS OF VISION (without glasses)

	Right Eye	Left Eye
1. Distant VisionSnellenSnellen
2. Near VisionSnellenSnellen
3. Field of Vision

(Specify whether full or not. Entry 'Normal', 'Good' etc., will be inappropriate here).

- 4. Colour Blindness
- 5. Squint
- 6. Any morbid conditions of the eye or lid of either eye.

(ii) Ear : Hearing : Perfect/Not perfect

(iii) Muscles & Joints : No paralysis and all joints with free movements-

(iv) Nervous system : Perfectly normal and free from any infectious diseases.

(v) Height :

Chest (male only)

Normal :

Expanded :

(vi) Identification Marks: 1

2

Place:

Date:

Signature

Name and Designation of the Medical Officer

(Office Seal)

Note:- Details regarding Standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as vision “normal”, “average” etc. will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the Certificate will not be accepted. Applications with defective Medical Certificates will be rejected.