

## FORM OF MEDICAL CERTIFICATE

*(To be obtained from Medical Officer not below the rank of a Civil Surgeon)*

I have this day, medically examined Shri .....  
.....(Name & Address) and found that he has no disease or infirmity, which would render him unsuitable for Government Service. His age, according to his own statement is .....and by appearance is ..... and his standards of vision (without glasses) are as follows: -

### STANDARDS OF VISION

*(Eye Sight without glasses)*

	<u>Right Eye</u>	<u>Left Eye</u>
1. Distant Vision	..... Snellen	..... Snellen
2. Near Vision	..... Snellen	..... Snellen
3. Field of Vision	.....	

*(Specify whether full or not. Entries such as 'normal' 'good' etc., will be inappropriate here).*

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

He is physically fit for the post of Fire and Rescue Officer (Driver)(Trainee) in Fire and rescue Services.

Place: Date:	Signature Name and Designation of the Medical Officer  (Office Seal)
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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.