

FORM OF MEDICAL CERTIFICATE

PART A – STANDARD OF VISION

(To be filled by an Ophthalmologist in Government Service)

1. Is there any defect of vision?

If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 snellen and near vision is 0.5 snellen.

2. Can the applicant readily distinguish the pigmentary colours red and green?

3. Does the applicant suffer from any night blindness?

I have this day, medically examined Sri.....
(Name and address) and found that he has no defect of vision which would render him unsuitable for the post of Forest Driver and his standards of vision are as follows.

Standards of Vision
(without glasses)

	<u>Right Eye</u>	<u>Left Eye</u>
i) Distant VisionSnellen Snellen
ii) Near VisionSnellen Snellen
iii) Field of Vision	

(Specify whether field of vision is full or not. Entries such as 'Normal' , 'Good' etc are inappropriate here)

iv) Colour vision

v) Night Blindnes

vi) Squint

vii) Any morbid condition of the eyes or lids of either eye

His standard of vision are fit for the post Forest Driver.

I certify to the best of my knowledge and belief that the applicant Sri.....
.....(Name and Address) is the person herein above described and that the attached photograph has a reasonably correct likeness. (The signature of the Ophthalmologist shall be affixed on the photograph leaving the face clear.)



Signature

Name and Designation of the Medical Officer

Place:

Date :

(Office Seal)

PART B - PHYSICAL FITNESS FOR THE POST OF FOREST DRIVER

(To be filled up by a Medical Officer not below the rank of an Assistant Surgeon/Junior Consultant)

1. What is the applicant's apparent age ?
2. Is the applicant to the best of your judgment, subject to epilepsy, vertigo or any mental ailment likely to effect his efficiency ?
3. Does the applicant suffer from any heart or lungs disorder which might interfere with the performance of his duties as a Driver ?
4. Does the applicant suffer from any degree of deafness, which would prevent his hearing the ordinary sound signals ? Is his hearing perfect ?
5. Has the applicant any deformity or loss of finger, which would interfere with the efficient performance of his duties as a driver ?
6. State of Muscles and Joints (No paralysis and all joints with free movements)
7. State of Nervous System (Perfectly normal and free from any infectious diseases)
8. Does he show any evidence of being addicted to the extensive use of alcohol, tobacco or drinks ?
9. Marks of Identification 1)
2)

He is physically fit for the post of in..... Department.

I certify to the best of my knowledge and belief that the applicant Sri..... is the person herein above described and that the attached photograph has a reasonably correct likeness.

(The signature of the Medical officer shall be affixed on the photograph leaving the face clear).



Signature:

Name :

Designation of Medical Officer

Place:

Date:

(Office Seal)

Note: Details regarding standards of vision should be clearly stated in the Certificate as given above and vague statement such as Vision 'Normal', 'Average', 'Good' etc will not be accepted. Specification for each eye should be stated separately. If the specifications are not as indicated above, the officers issuing the Certificate should certify whether the candidate has got better standards of vision or worse standards of vision as the case may be, otherwise the Certificate will not be accepted.