

FORM OF MEDICAL CERTIFICATE

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

I have this day, medically examined

Smt/Kumari.....
..... (Name & Address) and found that she has no disease or infirmity, which would render her unsuitable for Government Service. Her age, according to her own statement isand by appearance is and her standards of vision (without glasses) are as follows:

**STANDARDS OF VISION
(Eye Sight without glasses)**

	Right Eye	Left Eye
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.

She is physically fit for the post of Fire woman (Trainee) in Fire and rescue Services.

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.