

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 isand by appearance isand 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 Firemen (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 specification are not as indicated above, the certificate will not be accepted.