

## CRP RRB (XI) 2022 (Reserve List)

MEDICAL REPORT ON PHYSICAL FITNESS FOR EMPLOYMENT

NAME	111111111111111111111111111111111111111	OK CM	<del>DOTMENT</del>	
TO BE EMPLOYED AS				
MARK OF IDENTIFICATION				
DATE OF EXAMINATION				
ANY FAMILY HISTORY OF TUBERCULOSIS,				
ASTHAMA, ECZEMA, DIABETES, HIGH BLOOD				
PRESSURE, RHEUMATISM, CANCER				
ANY PERSONAL HISTORY OF MAJOR ILLNESS, INJURY OR OPERATION				
GENERAL APPEARANCE				
ANY PREVIOUS PHYSICAL DEFORMITY				
HEIGHT				
WEIGHT	<del> </del>			
CONJUNCTIVA				
SKIN	<u> </u>			
EAR				
NOSE				
THROAT				
TEETH				
TONSILS				
LYMPH NODES				
LUNGS:-				
(A) AIR ENTRY				
(B) BREATH SOUNDS (C) ADVENTITIOUS SOUNDS				
HEART:-				
(A) SIZE	(A)			
(B) SOUNDS	(B)			
(C) MURMURS	(C)			
ABDOMEN:-				
(A) ANY LUMP	(A)			
(B) ANY TENDERNESS	(B)			
(C) LIVER	(C)			
(D) SPLEEN	(D)			
(E) HERNIA	(E)			
NERVOUS SYSTEM:- (A) MUSCLE TONE	(4)			
(B) MUSCLE POWER	(A) (B)			
(C) SENSATION	(C)			
(D) DEEP TENDON REFLEXES	(D)			
(E) SUPERFICIAL REFLEXES	(E)			
(F) PUPILA	(F)			
SKELETAL SYSTEL				
GENITO-URINARY SYSTEM			HYDROCELE	
URINE EXAMINATION			ALBUMIN SUGAR	
VISION	DISTANT	RE	LE	
	NEAR	RE	LE	
REAMRKS (STATE FITNESS FOR THE JOB)				
LPLACE	1			
DATE				
			(Medical Officer)	

Signature of the candidate to be obtained by the Medical Officer at the time of Medical Examination

Note: Please enclose following Diagnostic Reports along with this Medical Report: (1)CBC, (2)Urine, (3)Blood sugar-Fasting & PP, (4) Lipid Profile, (5) ECG, (6)Chest X Ray, (7)HIV

Seal/Signature