LIFE INSURANCE CORPORATION OF INDIA

Medical Report Form (For pre-recruitment medical examination)

| 1) | a) Full name of the candidate : | | | | | | | | | |
|----|--|----------|--------------------------------------|--------------------|-------------------|-----------------------|------------|--------|--|--|
| | b) Ag | e: | years | c) Identificatio | on Mark: | | | _ | | |
| 2) | ls the | e genera | l appearance of the | e applicant health | ιγ? | | | | | |
| 3) | Following examinations to be carried out | | | | | | | | | |
| | a) | Height | (without shoes) | | cms | b) Weight | | Kgs | | |
| | c) Pulse Rate | | per minute | | | | | | | |
| | d) Blood P | | Pressure: | | | Systolic | | mm.Hg. | | |
| | | | | | | Diastolic | | mm.Hg. | | |
| | e) | Urine: | | | | | | | | |
| | | Sp.Gra | avity | Sugar : | Albume | n : | Deposits : | | | |
| 4) | Ascertain from the candidate whether at any time in the past he/she | | | | | | | | | |
| | | i) | Has been hospita | lized | | | | | | |
| | | ii) | Was involved in a | an accident | | | | | | |
| | | iii) | Has undergone a Pathological or a | | ardiological, | | | | | |
| | | iv) | Is currently unde | r any treatment | | | | | | |
| | he ans | wer to a | • | questions (Qn. 5 t | o 14) is YES, pl | ease give full detail | | | | |
| 5) | Is there any abnormality of cardiovascular system? Any history of chest pain, hypertension, coronary Thrombosis or rheumatism? | | | | | | | | | |
| 6) | Is there any swelling of joints, enlargement of Thyroid, lymphatic glands or scars (of earlier surgery)? | | | | | | | | | |
| 7) | Is any abnormality found on examination of ears, nose, throat, eyes and mouth?(Septic tonsils etc) | | | | | | | | | |
| 8) | Is there any partial or total blindness, deafness or any other physical impairments, defects or deformities? | | | | | | | | | |

| 9) | Are there any symptoms/signs, suggesting abnormality or disease of the respiratory system? | | | | | | | | | | |
|--|--|--------------------------------------|--------|------------------------|--|--|--|--|--|--|--|
| 10) | Is there any evidence of enlargement of liver or spleen, or history of ulcer of stomach or duodenum? | | | | | | | | | | |
| 11) | Is there any abnormality pelvis? | in abdomen or abnormality | of | | | | | | | | |
| 12) | Is there hernia present? | | | | | | | | | | |
| 13) | Is there any evidence of disease of central or peripheral nervous system? | | | | | | | | | | |
| 14) | l) Is there any evidence of skin disease, varicose veins, filariasis or marked anemia? | | | | | | | | | | |
| 15) |) Is there any evidence of operation? if so state - a) Year of operation b) Nature and its cause c) Its location, size and condition of scar d) Degree of impairment, if any | | | | | | | | | | |
| 16) | 5) In the case of married female candidates whether there is indication of pregnancy and if so, the expected date of delivery | | | | | | | | | | |
| 17) Is he/she in your opinion, fit for appointment in the corporation? | | | | | | | | | | | |
| | I hereby certify that I have this day examined the above candidate personally, in private and have recorded in my o hand the true and correct findings. I declare that I am not related to the candidate. | | | | | | | | | | |
| | | | | | | | | | | | |
| | Dated at | on the | day of | 201 | | | | | | | |
| | Signature of the candidat | | | Signature of the M | | | | | | | |
| | Me | dical Examiner's Name: Address: | | | | | | | | | |
| | | Qualification: Code No: Limit: | | | | | | | | | |
| | 2 | Liint. | | | | | | | | | |