

**CENTRAL BANK OF INDIA**  
**MEDICAL FITNESS CERTIFICATE**

(TO BE SIGNED BY CHIEF MEDICAL OFFICER/CIVIL SURGEON)

Name of Candidate:	
Roll No. (IBPS)	
Post Applied	

Affix Passport  
size photograph  
duly attested by  
the Candidate

Father's Name :  
Age & Sex :  
Identification Mark :  
Height & Weight :  
General Development: Good/Fair/Poor  
Girth of chest : After Full Inspiration-  
After Full Expiration-  
Skin : Any obvious disease-  
Temperature :  
Muteness and deafness in case of deafness degree:  
Ears : Inspection-  
Hearing : Right Ear- Left Ear-  
Gland : Thyroids-  
Condition of teeth :  
Respiratory issue : Does Physical examination reveal anything abnormal in  
respiration system (Details)-

**Ophthalmic Examination**

Visibility :  
Colour Blindness : Yes/No  
Spectacles : Yes/No  
If yes, Power of glass :

**Circulatory System**

Heart : Any organic lesion  
Pulse Rate :  
Blood Pressure

Systolic :  
Diastolic :

Abdomen : Girt- Tenderness- Hernia-  
Palpable

a) Liver..... Spleen..... Kidneys..... Tumors.....  
b) Haemorrhoids..... Fistula.....

Nervous System : Indication of nervous mental disabilities:

Loco-motor System : (Any abnormality)

Genito Urinary System: Any evidence of Hydrocele, Varicocele etc.

Urine Test Report : Physical appearance- Sp. Gr.-  
Albumine- Sugar-  
Caste- Cells-

Blood Report (CBC) including HIV:

(Comments if any)

Blood Group :

Blood Urea Nitrogen (BUN):

ESR :

X-Ray (Chest) report :

ECG :

Blood Sugar : Fasting-

Post Prandial- Blood Sugar: (After 2 hrs)-

Serum Creatinine :

Lipid Profile (Cholesterol):

LFT :

Serum Triglycerides :

SGOT/SPGT :

(If required)

HIV (Alisa) Test :

(If required)

Loco-motor System (Any Abnormality)-

Any other Medical/Psychological Abnormality observed-

Is there any disorder in the health of the candidate likely to render him/her unfit for the efficient discharge his/her duties for which he/she is a candidate?

The Medical Examiner should record the findings under one of the following categories:

a) Fit

b) Unfit On account of

Remark, If any:

Signature of Chief Medical Officer/Civil Surgeon

Seal

Name of Chief Medical Officer/Civil Surgeon:

Registration No.:

Date & Place