



**ANDHRA BANK**  
(A Govt. of India Undertaking)

**MEDICAL EXAMINATION REPORT**  
**Part I - Candidate's Statement**

PERSONAL HISTORY :

1)	Name			
2)	Age	Years	Date Birth	3) Married / Single
4)	a)	Have you ever suffered from or treated for TUBERCULOSIS or SPITTING OF BLOOD ?	YES	NO
	b)	Did you ever suffer from attacks of Giddiness, FITS or CONVULSIONS ?		
	c)	Were you ever treated for MENTAL illness? Do you lose temper quickly? Do you get attacks of DEPRESSION ?		
	d)	Do you get attacks of difficult breathing like ASTHMA very often?		
	e)	Do you suffer from LOOSE BOWELS or CONSTIPATION frequently?		
	f)	Do you have any SKIN DISEASE OF LONG duration?		
	g)	Do you JOINTS ACHE and SWELL very often?		
	h)	Do you pass URINE TOO OFTEN during day and night? Has any doctor told you that you have DIABETES?		
	i)	Were you HOSPITALISED any time? Were you treated for any illness for a long time; if so give details.		
	j)	Have you undergone any SURGICAL OPERATION if so give details?		

5) FOR FEMALE CANDIDATES :  
 MENSTRUAL PERIODS REGULAR / IRREGULAR  
 DYSMENORRHOEA - YES/NO  
 LAST MENSTRUAL PERIOD: \_\_\_\_\_  
 MENORRHGIA YES/NO

FOR MARRIED CANDIDATES :  
 IF PREGNANT-STAGE OF PREGNANCY : \_\_\_\_\_

6) WHEN DID YOU TAKE :  
 a) SMALL POX VACCINATION : \_\_\_\_\_  
 b) TYPHOID INOCULATION : \_\_\_\_\_

7)	Name of family members	Age	Nature of Illness	Cause, if dead :
	WIFE / HUSBAND / CHILDREN			
	FATHER			
	MOTHER			
	BROTHER/S			
	SISTER/S			

I hereby declare that the entries made above in his form by me are true and correct.

Signed in my presence  
Medical Examiner

Signature of candidate

## Physical Examination Report

### Part II

General Nourishment Good/Fair/Poor	Height	Weight	Chest Insp. Exp.	Abdomen Girth
Skin	Ear hearing Discharge	Nosa	Throat	Nodes
EYES Vision without glasses/with Glasses	R.E.	L.E.	R.E. strength of glasses Colour vision Fundi	L.E.
Carding	B.P.			
Abdomen				
Neuro	Mental Abnormality			
Bones, Joints, Extremities Deformities				
Pelvic/rectal/ Urogenital	Hydrocele Hernia			
Investigations :	Other Tests			
Urine :	AIB		Sug	
Screening Chest :				

#### Doctor's Remarks

Suitable grading may be given depending on the candidates medical fitness as follows:

(A) Fit for service (B) To be kept on probation for Six months to improve health. (C) Not fit for service (if the grading is B or C please state reasons).

CLASS

REMARKS

SIGNATURE OF MEDICAL OFFICER

### Medical Certificate

I do hereby certify that I have examined.....  
a candidate for employment in Andhra Bank and cannot discover that he/she has any disease, constitutional affection or bodily infirmity, except.....  
I do / do not consider this is a disqualification for employment in Andhra Bank His / Her age is according to his / her own statement.....years and appearance about.....years.

Medical Officer

After Probation