**Form O**

**See Rules 29f (2), And 29l**

**Report Of Medical Examination Under Rule 29B**

(Issued in triplicate)\*\*

Certificate No.

Certified that Shri/Shrimati\* employed as ........................ in ........................ mine, Form B No. has been examined for an initial/periodical\* medical examination. He/she\* appears to be ............................. years of age. The findings of the examining authority are given in the attached sheet. It is considered that Shri/Shrimati\*...........................................

(a) \* Is medically fit for any employment in mines.

(b) \* Is suffering from ............................. and is medically unfit for

(i) Any employment in mine; or

(ii) Any employment below ground; or

(iii) Any employment or work ........................................

(c) \* is suffering from ..................................., should get this disability\* cured/controlled and should be again examined within a period of ................. months. \*He/she will appear for re-examination with the result of test of ............... \*and the opinion of ................... Specialist from ......................... He/She\* may be permitted/not\* permitted to carry on his duties during this period.

 Signature of the examining authority

Space for affixing Passport size Photograph of the candidate

.......................................

Name and designation in block letters.

Place :

Date :

Report of the examining authority

(To be filled in for every medical examination whether initial or periodical or re-examination or after cure / control of disability).

Annexure to Certificate No. ...................... as a result of medical examination on .................................. Identification Mark………………………..

Left thumb impression of the candidate.

1. General development. Good/Fair/Poor

2. Height ..................................Cms.

3. Weight .................................Kg.

4. Eyes:

(i) Visual acuity—Distant vision (with or without glasses).

Right eye ................... Left eye....................

(ii) Any organic disease of eyes

\*(iii) Night blindness.

\*(iv) Colour blindness.

\*(v) Squint.

(\*To be tested in special cases)

5. Ears:

(i) Hearing Right ear .............. Left ear ...............

(ii) Any organic disease.

6. Respiratory system.

Chest measurement:

(i) After full inspiration ............. cms.

(ii) After full expiration ............. cms.

7. Circulatory system:

Blood pressure.

Pulse.

8. Abdomen:

Tenderness.

Liver.

Spleen.

Tumour.

9. Nervous system:

History of fits or epilepsy.

Paralysis.

Mental health.

10. Locomotor system

11. Skin.

12. Hernia.

13. Hydrocele.

14. Any other abnormality.

15. Urine:

Reaction

Albumin.

Sugar.

16. Skiagram of chest.

17. Any other test considered necessary by the examining authority.

18. Any opinion of specialist considered necessary.

Signature of the examining authority

Place :