**Form S**

**(See Rule 29l)**

**Report Of Medical Re-Examination By Appellate Medical Board**

\*\*(To be issued in triplicate)

We do hereby certify that we have examined Shri/Shrimati\* ........................, Nature of employment ....................., Serial number from Form B Register................ of................... mine, who has been declared medically unfit for

(a) \*Any employment in mine.

(b) \*Any employment below ground.

(c) \*Any employment or work ...................................

(Specify in detail)

As a result of a medical examination under rule 29B. Our Report is given overleaf.

We consider that—

1. He/She\* is medically fit for any employment in mine.

2. He/She\* is suffering from ........................ and is medically unfit for

(a) \*Any employment in mine, or

(b) \*Any employment below ground, or

(c) \*Any employment or work .........................................

(Specify in detail)

3. He/She is suffering from ........... and should get this disability cured/controlled\* and should be again examined within a period of ............ months. He/she will appear for re-examination 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/her duties during this period.

(Signature of members of Appellate Medical Board)

Place : 1. ..................... (Convenor)

Date : 2. ................ 3. ..................

**REPORT OF THE APPELLATE MEDICAL BOARD**

Annexure to certificate No.....................................as result of Medical examination identification mark:

On .........................................

Left thumb impression of the candidate

1. General Development: Good/Fair/Poor

2. Height Cms.

3. Weight Kg.

4. Eyes.

Distant vision (with or without glasses)

Visual acuity

(ii) Any organic disease of eyes.

\*(iii) Night blindness.

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

\*(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.

Urine:

Reaction

Albumin.

Sugar.

15. Skiagram of chest.

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

17. Any opinion of specialist considered necessary.

Place : Signature of the Appellate Medical Board.