

**SOUTHERN PROVINCIAL COUNCIL
OFFICE OF THE PROVINCIAL COMMISIONER OF MOTOR TRAFIC**

**MEDICAL EXAMINATION REPORT
(For Bus Conductors)**

**THIS SHOULD BE COMPLETED BY THE DMO OF THE HOSPITAL
PRIVATE MEDICAL ARE NOT ACCEPTED**

Name & Address of the medical Institution :

National identity card No :

Occupation :

Address :

GENERAL APPRARANCE

Physical Dafects	:	Date of Birth	:
Deformities	:	Age	:
General Nutrition	:	Height	:
		Weight	:

CARDIO VASCULAR SYSTEM

Pluse **Rate** :

Character :

Rhythm :

J.V.P. **Enlarged** :

Hart (Enlarged or not) :

Sound (Murnours,Valvular,Defects) :

Blood Pressure **Systolic** :

Diastolic :

Respiratory System :

Chest (Defomrity of CHSET wall or fluttering of the apices) :

Breath Sounds (Any evidence of disease or Bronchial Asthma) :

Abdomen

Enlarged Liver :

Spleen :

Hydrocaele :

Prolapsed Hemorrhoids :

Varicosities :

Any other Abnormality :

EXTRAMITES

UPPERLIMPS :

Wasting of muscular :

Limitation of moments :

any other abnormalities :

LOWER LIMBD

Wasting of muscular :

Limitation of moments :

any other abnormalities :

SPINE

Abnormalities :

VISION

Without Glass : With Glass
Accuracy R :
L :

HEARING DEFECTS :

SPEECH DEFECTS :

ANYOTHER PHYSICAL DEFECTS OR DISEASES

Stability :

SPECIAL EXAMINATION :

Urine Special Gravity :

Albumin :

Sugar :

DEposits :

Blood V.D.R.L.reactivity
(if necessary non relative)

X -ray reports :

E.C.G.Reports if necessary :

DECLARATION OF APPLICANT

I have not suffered from attacks, of lose of consciousness of gainting. I have not had any attacks of eqileptic fits.

.....
Signature of the Applicant

RECOMMENDATIONS OF THE MEDICAL OFFICER

I certify that Mr.....examined at this medical institution on.....and he was found(Strike off whichever is not applicable)

- (a) Fit to be a bus conductor
- (b) Fit subject to wearing glass at work
- (c) Fit subject to periodic medical examination
- (d) Fit subject to regular treatment
- (e) Unfit to bus conductor

Any other remarks

.....
Signature of the Medical

Officer

Date :

Name :

Designation :