

## FORM OF MEDICAL CERTIFICATE

I have this day, medically examined Sri.....  
and found that he has no disease or infirmity which would render him unsuitable for Government Service. His age, according to his own statement is ..... and by appearance is ..... and his standards of vision are as follows:

### STANDARDS OF VISION (Eye Sight without glasses)

	<b>Right Eye</b>	<b>Left Eye</b>
1. Distant Vision :	..... Snellen	..... Snellen
2. Near Vision :	..... Snellen	..... Snellen
3. Field of vision :	.....	
<i>(Specify whether field of vision is full or not. Entries such as 'Normal', 'Good' etc. are inappropriate here.)</i>		
4. Colour blindness:-	.....	
5. Squint:-	.....	
6. Any morbid condition of the eye or lids of either eye:		

He is physically fit for the post of ***Fireman in the Fire and Rescue Services*** Department and has the capacity to do rough outdoor work.

Place :	Signature:
Date :	Name, Designation & Grade of the Medical Officer
(Seal)	

**Note:-** Details regarding standards of vision should be clearly stated in the Certificate, as given above. Vague statements such as vision "normal", "Average" etc. will not be accepted. Specification for each eye should be stated separately against each item. If the specifications are not as indicated above, the Officer issuing the Certificate should notify whether the candidate has got better standards of vision or worse standards of vision, as the case may be. Otherwise, the Certificate will not be accepted.

□ ***The Medical Certificate should be one obtained from a Medical Officer under the Government not below the rank of a Civil Surgeon Grade II.***

### Standards of Vision (without Glasses)

	<b>Right Eye</b>	<b>Left Eye</b>
Distant Vision	6/6 Snellen	6/6 Snellen
Near Vision	0.5 Snellen	0.5 Snellen
Field of Vision	Full	Full