



INDIAN OVERSEAS BANK , CENTRAL OFFICE
763, Anna Salai, Chennai – 600 002

Date :

Medical Certificate to be submitted at the time of joining

Name Age Sex
Occupation Married / Unmarried

MEDICAL HISTORY

History of Previous illness / present illness of self:

Diabetes Small Pox Typhoid

V.D Operation undergone , if any
Disability, if any

Immunization Record:

T.A.B Vaccination
Others Last Date

Medical History of self / Family History

T.B Diabetes:
Any other ailment (To be declared by the candidate) :

The facts given above are true and correct to the best of my knowledge.

Signature of the Candidate

Physical Examination

General:

Height : in cms ; Weight in Kgs ; Glands ; Temperature:

Respiratory System:

Rate of Resp. Chest Full Insp. Full Exp. Lungs

Circulatory System:

Heart Apex Beat Pulse B.P ECG:

Digestive System:

Liver Throat Spleen

Others:

Generative System

Hydrocele

V.D

Hernia

Eye, including colour blindness

General Disability, if any, with percentage

Pathological Tests:

Blood Test :

Blood Group:

Sugar Fasting / PP

Haemoglobin

Blood Urea

Excretory System:

Urine

React on

ALB

Sp. Gr.

Sugar

Neurological disorder if any:

Other / General Remarks/ Member's fitness to be certified.

Medical Officer
Regd. No. Rank and Address
(Not Below the Rank of a Civil Assistant)