

F/TRG/



PHYSICAL EXAMINATION RECORD



DISCIPLINE: _____ DATE: _____

NAME: _____

AGE: _____ YEARS SEX: _____

SUBJECT: APPRENTICESHIP TRAINING GRADUATE / TECHNICIAN APPRENTICE

(1) HEIGHT: _____ FT _____ INCH WEIGHT _____ KGS

(2) SKIN: _____ (3) CHEST INHALATION: _____ INCH _____ EXHALATION: _____

(4) EYE VISION DISTANCE R/20 _____ L/20 _____ WITH GLASSES R/20 _____ L/20 _____

(5) NEAR VISION: R-J _____ L/20 _____

(6) TOOTH: _____ (7) EAR: _____ (8) LUNGS: _____ (9) HEART: _____

(10) BLOOD PRESSURE S: _____ D: _____ (11) GENITALS: _____

(12) HERNIA: _____ (13) ANAL CANAL: _____

(14) URINE ANALYSIS: _____ ALBUMIN _____ SUGAR _____ SP.GR. _____

(15) X-RAY/SCREENING & ECG: _____

(16) IDENTIFICATION MARKS: _____

(17) REMARKS _____ (18) BLOOD GROUP _____

RECOMMENDATION: EXCELLENT / GOOD / FAIR / POOR / ACCEPTED / REJECTED / TEMPORARY WORK

(SIGNATURE OF APPLICANT)

(SIGNATURE OF EXAMINER)
(PHYSICIAN)

To: **The Employment Officer** No: _____ Date: _____

I have examined today Mr. /Ms. _____ aged _____ years and found his/her to be Fit/Unfit or otherwise _____ recommendation

(SIGNATURE OF APPLICANT)

(MEDICAL OFFICER)

FORM OF MEDICAL CERTIFICATION

I hereby certify that I have examined Mr./Ms. _____ for engaging as Diploma/Graduate Apprenticeship Trainee and cannot discover that any disease, constitutional weakness or bodily infirmity except _____. I do not consider this disqualification. His / Her age is according to his / her own statement _____ years and by appearance about _____ years.

(SIGNATURE OF APPLICANT)

(MEDICAL OFFICER)

DATE: