

**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 Accuracy R : With Glass  
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 :