



MEDICAL EXAMINATION REPORT (For Bus Drivers)

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

Date of Examination:

NIC No:..... Passport No: License No:.....

(ජා.හැ.අංකය)

Full Name :

(සම්පූර්ණ නම)

Address :

(ලිපිනය)

Sex:

Date of Birth:.....

Age:

(ස්ත්‍රී / පුරුෂ භාවය)

(උපන් දිනය)

(වයස)

අයදුම්කරුගේ ප්‍රකාශය

මා හට ක්ලාන්ත වීම හෝ සිහිමැරුණවීම වැලඳී නැත. මී මැස්මොර වැනි ආබාධයන්ගෙන් ද මානසික ආබාධයන්ගෙන් ද පෙළී නැත. හෘද රෝගයන් වැලඳී ඇත/නැත.

මා රුධිර පීඩනයට, දියවැඩියාවට ප්‍රතිකාර ගනිමි/නොගනිමි. මා වර්ධනය වෙමින් පවතින අක්ෂි ආබාධ වලින් පෙළෙමි/නොපෙළෙමි.

I have not suffered from attacks of loss of consciousness or fainting. I have not had any attacks of Epileptic fit or psychiatric illness.

I am/are not suffering from a cardiac disease. I do/do not take treatment for hypertension or diabetes mellitus. I do/do not have a progressive eye disease.

Above declaration to be explained by the medical officer and Applicant to be signed in the presence of medical officer



අයදුම්කරුගේ අත්සන Applicant's signature

A. PHYSICAL EXAMINATION

(1) General Examination:

(a) Height: Ft Inches cm BMI Weight Kg

(b) Any skeletal/limb deformities: Present [] Absent []

(c) Partial or complete amputation of finger or limbs

Remarks :

d) VISION

Without Glass R : Accuracy L

With Glass

e) HEARING : Satisfactory []



HEARING DEFECTS :

SPEECH DEFECTS :

ANYOTHER PHYSICAL DEFECTS OR DISEASES

Stability :

(ii) Cardiovascular System :

a) Pulse :/min Regular Irregular

b) Blood Pressure :mm.Hg

c) Heart murmurs: Present Absent

(iii) Respiratory System : Any lung disease : Present Absent

(iv) Central Nervous System : Normal (V) Psychological status : Stable

B SPECIAL LABORATORY INVESTIGATIONS

a) mg/dl b) Blood group

c) Chest X ray/ECG

REFERRAL BY MO [if necessary]

.....
.....

C Recommendations of the Consultant / Technical Assessor [if any]

.....
.....
.....
.....

D. RECOMMENDATION OF THE MEDICAL OFFICER

I have medically examined Mr.

whose picture and the signature is on the reverse and certify that he/she is physically and mentally fit/unfit for driving of following category/s of vehicles on public highways.

- (a) Fit to be a bus drivers
- (b) Fit subject to wearing glass at work

Medical Officer :

Name & Stamp of the Medical Officer :

Date of Issue :