

ANNUAL MEDICAL EXAMINATION

MEDICAL EXAMINATION HELD ATAUTHORITY

PERSONAL DATA

1. Number	2. Rank	3. Name	4. Unit / Ship
5. Service Army/Navy/Air force	6. Arms/Corps/Branch Trade	7. Date of Birth	8. Age yrs Sex (M/F)
9. Type of Commission PC/SSC	10. Date of Commission	11. Total Service yrs	
12. Past Medical History		13. Present Medical Category	
		wef	
14. Last AME carried out at (Attach last AME report)		on	
		Signature of the Officer Date	

EXAMINATION

15. (a) Total Nos of Teeth	Missing / Unsaveable Teeth	
(b) „ „ „ Defective Teeth	U.R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 U.L.
(c) „ „ „ Dental Points	L.R. 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L.L.
(e) Condition of Gums	Missing teeth to be indicated by Horizontal line (--) and Unsaveable teeth by a cross (x) through the appropriate number	
Remarks		
Date	Signature of Dental Officer	
16 Investigations		
Blood: HbGm% TLCmm ³ DLC PL... M.....E ...B ESR mm fall in 1 st hour		
Urine: RE ME SP Gravity Albumin Sugar		
Blood Sugar: Fasting mg/dl 2 hrs Post Prandialmg/dl		
Lipid Profile: cholesterolmg/dl Triglyceridesmg/dl		
HDLmg/dl VLDLmg/dl LDLmg/dl		
^x Ray Chest PA NosDatedReport NAD/		
ECG Nodated Report		
17 (a) Physical Capacity		
(i) Heightcm (ii) Weight actualKg (iii) Ideal WtKg (iv) Over Weight%		
(v) Waistcm (vi) Chest Full Expirationcm (vii) Range of Expansion.....cm		
(b) Cardio Vascular System		
(i) Pulse/m (ii) BPmm/Hg (iii) Peripheral Pulsations NAD/		
(iv) Heart Size NAD / (v) Sounds NAD / (vi) Rhythm NAD /		
(c) Respiratory System NAD /		
(d) Gastro Intestinal System		
(i) Liver Palpable (Y/N)cm (ii) Spleen Palpable (Y/N).....cm		
(e) Central Nervous System		
(i) Higher Mental Functions NAD / (ii) Speech NAD/ (iii) Reflexes NAD/		
(iv) Tremors Nil / Fine / Coarse (v) Self Balancing Test Fairly Steady / Unsteady		

Note. Delete what is not applicable. In case any abnormality is detected “NAD” and findings.

CONFIDENTIAL (When filled)

18 (A) Loco motor System NAD /		(b) Spine NAD /				
(c) Hernia NAD/		(d) Hydrocele NAD /				
(e) Hemorrhoids NAD /		(f) Breast NAD /				
19 (a) Distant Vision	R	L	(b) Near Vision	R	L	(c) CP
Without Glasses			Without Glasses			
With Glasses			With Glasses			
20 (a) Hearing	R	L	Both	(e) Audiometry Record		
FW	cms	cms	cms			
CV	cms	cms	cms			
(b) Tympanic Membrane Intact	Y / N	Y/ N				
(c) Mobility (Valsalva)						
(d) Nose, Throat & Sinuses NAD /						
21 Gynecological Exam						
(a) Menstrual History		(b) LMP				
(c) Nos of pregnancies		(d) Nos of Abortions				
(e) Nos of children		(f) Date of last confinement				
(g) Vaginal Discharge NAD /		(h) Prolepse NAD				
(i) USG Abdomen NAD /						
22 Immunisation Status (give details)						
FINAL OBSERVATIONS & MEDICAL CATEGORY						
Place				Signature of		
Date				Authorised Medical Attendant / Medical specialist		
APPROVING / PERUSING AUTHORITY (Where applicable)						
Place				Signature		
Date				Rank & Designation		

CONFIDENTIAL (When filled)