

# Medical Report

Name & Address of the Hospital : .....

Date : .....

Full Name of Applicant : .....

Address : .....

Age (Please verify) : .....Years .....Month.....

Height : .....Weight .....

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**COMPLAINT**

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**PAST AND FAMILY HISTORY**

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Throat : ..... Eyes: ..... Temperature : .....

Tongue: ..... Joints : ..... Pulse : .. ..

Teeth : ..... Glands : ..... Heart : .....

Respiratory System : .....

Circulatory System : .....

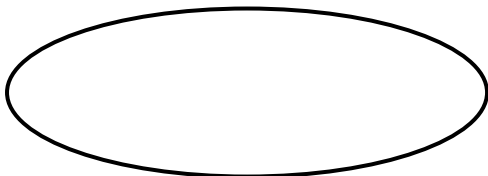
Gastro Intestinal System : .....

Nervous System : .....

Genito Urinary System : .....

Remarks : .....

In view of the foregoing, I certify that Mr./Mrs. .... is medically .....  
for appointment in Bank's Services.



**Signature of Applicant**

**Attested**

**Signature of Authorized Medical Officer/CMO  
(with Official Seal )**

**Signature of Authorized Medical Officer/CMO**