

FORM- X

[See rule 119 (2)]

Certificate medical re-examination by Appellate Medical Board

(To be issued in triplicate)

We do hereby certify that we have examined Shri/ Smt. /Miss..... employed as in, Employee number....., who was declared medically unfit for.

1. any employment in mine.
2. any employment belowground.
3. any employment in work.....
(Specify in details)

After re-examination, we consider that –

1. Employee is medically fit for any employment in mine.
2. Employee is suffering from..... and is medically unfit for
 - (a) any employment in mine.
 - (b) any employment belowground.
 - (c) any employment in work.....
(Specify in details)
3. Employee is suffering from.....and should get this disability/cured/controlled and be re-examined within a period of months. Employee shall appear for re-examination within a period of.....months. Employee shall appear for re-examination with the result of the test

of and opinion of the specialist from..... . Employee may be permitted/may not be permitted to carry on their duties during this period.

Signature & Name of members of Appellate Medical Board with date

Paste colour passport size photograph

Attested by manager/agent/owner

1.....(Convenor)

2.....

3.....

Report of the Appellate Medical Board

Annexure to certificate No.....as result of Medical examination on.....

Identification mark :

Left thumb impression & Signature of the candidate

1. General development- Good/Fair/Poor

2. Height.....Cms.

3. Weight.....kg.

4. Eyes :

(i) Visual acuity-Distant vision (with or without glasses): Right eye..... Left eye.....

(ii) any organic disease of eyes

(iii) night blindness

(iv) Colour blindness

(v) Squint

5. Ears :

(i) Hearing : right ear.....Left ear

(ii) Any organic diseases.

Audiometry Findings if required :

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal/Abnormal	Normal/Abnormal
Bone Conduction	Normal/Abnormal	Normal/Abnormal

Enclosed Audiometry Report.

6. Respiratory system.

Auscultatory Finding:

Chest measurement :

(i) after full inspiration cms.

(ii) After full expiration.....cms.

Result of Lung Function Test (Spirometry) if required

Parameters	Predicted Value	Performed Value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Vital Capacity 1 FEV1			
FEV1/FVC			
Peak Expiratory Flow			

Spirometry Report enclosed

7. Circulatory system:

Blood Pressure :-

Pulse :-

Cardiological Assessment

Auscultation	S1	
	S2	
	Additional Sound	
Electrocardiograph (12 leads) findings :		Normal/Abnormal
Echocardiography finding if required		Normal/Abnormal

Enclosed ECG

Enclosed Echocardiography report

8. Abdomen :

Tenderness.

Liver.

Spleen.

Tumour.

9. Nervous system:

History of fits or epilepsy

Paralysis.

Mental health.

Neurological Assessment

Findings	Normal/Abnormal
Superficial Reflexes	
Deep Reflexes	
Peripheral Circulation	
Vibrational Syndromes	

10. Locomotory system

11. Skin.

12. Hydrocele.

13. Hernia.

14. Any other abnormality

15. Urine :

Reaction:

Albumin:

Sugar:

16. Pathological Investigations:

S.No.	Tests	Findings
1	Blood-Tc,Dc,Hb,ESR, Platelets	WNL/Abnormal
2	Blood Sugar- Fasting & PP	WNL/Abnormal
3	HbA1c if required	WNL/Abnormal
4	Lipid profile	WNL/Abnormal
5	Blood Urea, Creatinine	WNL/Abnormal
6	Urine Routine	WNL/Abnormal
7.	Hemoglobin Electrophoresis (if required)	WNL/Abnormal

Enclosed all Investigation Reports.

17. Skiagram of chest.

18. ILO Classification of Chest Radiograph :

Profusion of Pneumoconiotic opacities	Grades	Types
Present/Absent		

Enclosed Chest Radiograph

19. Any other test considered necessary by the examining authority.

20. Any opinion of specialist considered necessary.

Signature & Name of members of Appellate Medical Board with date

1.....(Convenor)

2.....

3.....