

DECLARATION BY THE OFFICIAL TO BE EXAMINED FOR SHAPE CATEGORISATION

1	Were you examined for any major ailment or hospitalized during last one year?	Please record your answer:
2	Are you a patient of : a. Hypertension (High Blood Pressure) b. Ischaemic heart disease? c. Diabetes Mellitus? d. Chronic cough / Br. Asthma / COPD? e. Epilepsy (Fits) f. Persistent Headache g. Mental instability ?	
3	Have you suffered from Giddiness at any time?	
4	Have you suffered from Chest Pain/Palpitation?	
5	Did you ever suffered from Tuberculosis?	
6	Your (a) Appetite (h) Sleep	
7	Smoking habit (If yes, no. of cigarettes per day)	
8	Alcohol intake (If yes, average quantity per day)	
9	Any accident/injury/major surgery undergone so far?	
10	Have you been transferred recently or under orders of transfer? If so your a. Previous Unit b. New Unit	

It is further certified that the above facts stated by me are true to my best knowledge and belief. I have not suppressed any fact concerning my health condition ever in past and as is at present.

Place :
Date :

Signature
Name

Rank

EMPLOYEE CODE:
Designation:
Unit:

MEDICAL EXAMINATION PROFORMA FOR POLICE OFFICERS

- 1. Name :
- 2. ID No :
- 3. Age :
- 4. Sex : M/F
- 5. Height (Cms) :
- 6. Weight (Kg):
- 7. Chest (Not for ladies)
-On Expiration :
- On full Inspiration:
- 8. Abdominal girth :
- 9. Trans-trochanteric girth:
- 10. Ratio (8/9) :

S PSYCHOLOGICAL ASSESSMENT AS LAID DOWN

- i) Any past history of psychiatric illness, if so details:
- ii) Any history of breakdown/outburst or taking wrong decisions, Indecisiveness leading to public reaction or castigation of civil authority.
- iii) History of any alcoholic/drug abuse.
- iv) History of Head injury/infective/metabolic en-cephalopathy.
- v) Objective Psychometric scale if any applied and result there of:

CATEGORISATION:

S-1 / S-2 / S-3 / S-4 / S-5

H HEARING

- i) Normal in both ears.
- ii) Moderate defect in one ear.
- iii) Partial defect in both ears.
- iv) Any other combinations.
- v) Auroscopy-
- vi) Renriie's Test-
- vii) Weber's Test-
- viii) Audiometry (if indicated)

CATEGORISATION: H-1 / H-2 / H-3

'A' -APPENDAGES

- i) Upper limb
- ii) Lower limb
- iii) Any loss / infirmity in any joint or part must be indicated in detail

CATEGORISATION:

A-1(U), A-2(U), A-3(U)
A-(L), A-2(L), A-3(L)

P: PHYSICAL

General examination:

Distance covered in 12 minutes run/walk (Meters):

- Body built :
- Tongue :
- Anaemia :
- Cyanosis :
- Icterus :
- Oedema :
- Clubbing :
- Koilonychia :
- Lymph glands palpable :
- JVP :
- Thyroid :
- Spleen :
- C.V.S. :
- S 1 :
- S 2 :
- BP (mmHg) :
- Pulse/mt :
- Temp (C) :
- Respiration :
- Tonsils :
- Teeth/Denture :
- Throat :
- Liver :
- E.C.G. (Required after age of 45 years) :
- Blood Sugar (If applicable):
- Urine exam (In all cases):
- Hb% (In all cases) :

Murmur if any

R-System:

Any deformity of chest:
Breath sounds

Percussion
Adventitious sounds

C.N.S.

Higher functions:

Memory (Recent & Remote)

Intelligence
Personality
Orientation (time, place & Person)

Cranial

Nerves

Meningeal Sign if any-

Motor System

Nutrition of muscles

Wasting-

Tone
Coordination
Abnormal movement/fasciculation
Power
DTR
Plantar-
Cerebellar Sign Gower's Sign

Abdominal & Cremasteric refl-

Sensory System-

- 22 -

(24)

Reflexes-

Romberg's sign-

SLR

Finger-Toe

Test

Skull & Bone

Abdomen: General: Any mass palpable any other abnormality.

Piles / Fissure- Fistula -Prolapse rectum

INVESTIGATION :

1. Hb %
2. Urine examination for all ages.
3. ECG after age of 45.years : Blood sugar if Applicable and for all above 45yrs.
4. Any other-investigation as deemed necessary by examining Medical Board (i.e. X-Ray Chest, Lipid Profile, Glycosylated Hb etc

I Agree/Don't agree to undergo HIV test Signature

CATEGORISATION: P1 P2 P3

"E" Factor (Eye sight/ Vision)

- (a) Distant Vision
- (b) Near Vision
- (c) Colour Vision
- (d) Field of Vision
- (e) Any other Pathology
- (f) IOL

CATEGORISATION: E1 E2 E3

FINAL CATEGORIZATION



**ADVICE/ EMPLOYABILITY
RESTRICTION(S) IF ANY**

(NAME OF MEDICAL OFFICER):/ BOARD MEMBERS DESIGNATION/ UNIT

PHYSICAL/MEDICAL CERTIFICATE

☛ Certified that the Shri/Smt/MsS/O
.....Designation.....Date of Birth (DOB)
.....recommended for award for on
the occasion of Republic/Independence Day, (year) has awarded medical
category:.....(*) as per the Medical examination carried out on
.....(date) by authorized Medical Officer/Medical Board.

Signature:.....
Name :.....
Director General of Police / Additional Director General of
Police

Counter Signature:
Name:
Deputy Secretary to the State Government
Contact No.:.....

NOTE 1. Medical category should be awarded as per guidelines for criteria of Physical/Medical fitness for awarding Police Medal to the Police Personnel.

NOTE 2. Medical examination of the person should be carried out by the Medical Officer of State/Central Government/Autonomous Body Hospital.

* SHAPE-1 / SHAPE-2 / SHAPE -3/ SHAPE-4/ SHAPE-5