

## WAYAMBA UNIVERSITY OF SRI LANKA, KULIYAPITIYA.

## MEDICAL EXAMINER'S REPORT.

- 1) Name of the Candidate: \*
- 2) Date or dates of Examination.
- 3) Have you satisfied yourself of his/her identity?
- 4) Signature or Thumb mark or Birth mark

	Weight	Circumference of Chest		Abdominal measurement			
(g) fleight		Full inspiration	Full exp	ration	At level of Navel	At the level of	filiac crest
apparent (c) Is the wei	on stature (general general health. ght in proportion may peculiarity or			111	7	Answers	
if not, not (b) What is the	dition of the hear nect? te any abnormal ne rate and chara ny thickening of	cter of the pulse?	1	8 4	¥ (8)	96 OF 65 OF	2
ni lamnon	dition:- dition of the lung every respect? st for tuberculos	√Mantoux	}	e e			e u
	t the X-ray (Film the Candidate diographer	NoFrank	)		9		
passages. (b) State of li	ongue, teeth, gun	ns, fauces and nasal other abdominal organs orrhoids?					
5. Any det (a) Visi (b) Hea (c) Spec	on : ring :	œ		(a)	Without glasse	s { R L	
N.B. Vision will vision not less that ision of 6/18 with these are stronger examination of the 1) There is marthal thesia or tumour affection of the more perforation of the	th either eye must an 6/12 with each h other eye is acce than 6 dioptres the Ear – Entrants siked disfigurement s of the auditory could iddle ear and/or di ear druns.	reach the following stand, eye. If vision is 6/6 with pted. Glasses may be allot exandidate will be rejected nould be rejected if: of the external ear.(2) Thanal. (3) There is evidence sease of the mastoid. (4)	one eye, nwed but if ed. ere is e of There is	(6)	With glasses Colour Vision	{ R L .	89
Hearing tests - ne ability to bear there is some lo	separately for each ordinary conversa as of bearing the li-	n ear - Normal hearing be tional voice, at a distance, oss should not be greater 048. (This is to be done b	of 20 feet. than 30	(c)		694.G	80 E

Questions 6. Examination of Urine: -		Answer			
b. Examination of Urine: -		ANI WEL	3		
	Reaction				- 2
	Specific gravity	;			
Are you satisfied that the urine examined was	Albumen?	s 5			
Passed by the candidate ?	Sugar:				
Name of MLT⊗	Deposit:				
Signature					
Date Frank					
7. Nervous Functions:-	(1/27)				
(a) Any traces of paralysis, convulsion, insanity,	(2)8	•			20
or inebriety observable /			."	20	
(b) Are knee jerks and pupils abnormal?				85 104	
t. Extremities and Surface:-	7 .				
(a) Has the candidate been successfully vaccinated?					
(b) Are there any scars from operations, injuries or					
disease?					
(c) Are there varicose veins or any severe infection of					(*)
the skin?	2 (8)				
(d) Are hernia, hydrocele, varicocele present?				38	1
		96		71	
(e) Any trace of any venereal disease?			•		
I certify that the blood examined was taken from			35		
the candidate.					
Name of MLT &	2				
Signature	(g)			50:	
Date Frank					
<ol> <li>Are there indications of any other physical defect or disease with special reference to Reg. 89?</li> </ol>			<u> </u>		
The Vice Chancellor, Wayamba university of Sri Lanka, I certify that I have (1) read the declaration on form U.H.S.	C(1) made and affirmed to be	Mr./Mrs	/ Miss.	ctions given	in parties
and 89 of General Medical Regulations* and in respect of all the po	full examination in accordance onto detailed in form U.H.S.6	ce with th C(1) and			
and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Miss./	full examination in accordance onto detailed in form U.H.S.6	ce with the C (1) and casons:-	that m	y opinion is	
and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Miss./	full examination in accordance onto detailed in form U.H.S.6 the island for the following re	ce with the C (1) and casons:-	that m	y opinion is	
(2) carried out a and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  [ am of opinion that Mr./ Mrs./ Miss./ mis fit/ not fit for service in any part of	full examination in accordance onto detailed in form U.H.S.6 the island for the following re	ce with the C (1) and casons:-	that m	y opinion is	
(2) carried out a and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Miss./	full examination in accordance onto detailed in form U.H.S.6 the island for the following re Signature of Examiner: Station	ce with the	Media	y opinion is	based on
(2) carried out a and 89 of General Medical Regulations and in respect of all the possible of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Miss./ is fit not fit for service in any part of the vice Chancellor, Wayamba University of Sri Lanka.  Forwarded. I consider the candidate is physically suitable	full examination in accordance onto detailed in form U.H.S.6 the island for the following re Signature of Examiner: Station	ce with the	Media	y opinion is	based on
(2) carried out a and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Miss./	full examination in accordance onto detailed in form U.H.S.6 the island for the following re Signature of Examiner: Station	ce with the	Media	y opinion is	based on
(2) carried out a and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical history of the applicant.  I am of opinion that Mr./ Mrs./ Mlss./	full examination in accordance of the island for the following re Signature of Examiner:  Station  unsuitable. Re-vaccination	easons:-	Medic mulation	y opinion is	based on
(2) carried out a and 89 of General Medical Regulations* and in respect of all the poresult of my examination and on the medical bistory of the applicant.  I am of opinion that Mr./ Mrs./ Miss./	full examination in accordance of the island for the following re Signature of Examiner:  Station  unsuitable. Re-vaccination	ee with the C (1) and easons :-	Medical Medica	y opinion is	based on

after the operation and after all treatment has been completed. In making his decision the Medical Officer will bear in mind that if a reasonable doubt exists as to the fitness of the candidate for the duties which he may have to perform, the decision should be given against him.

(b) The principal points to be adhered to are :-

That the candidate is sufficiently intelligent.

That his hearing is good. Hearing must be normal with no internal or external ear disease.

His vision with either eye reaches the required standard. In case of doubt, the services of an expert should be called in to report on the case.

Candidates may be rejected on the following grounds:Indications of tuberculous disease, syphilis, chronic bronchitis or pharyngeal disease, palpitations or other diseases of the heart, generally impaired constitution, understandard of vision, defects of voice or hearing, pronounced stammering, loss or decay of teeth to such an extent as materially to interfere with efficient mastication, contraction or deformity of chest or joints, abnormal curvature of spine, defective intelligence, hernia, hacumerhoids, severe variouse veins or variousele, investmes outaneous disease, high-blood pressure, albuminuria or glycosuma, chronic oleers or any disease or physical defect calculated to render him unfit for duties