

ENGINEERS REGISTRATION BOARD



MEDICAL EXAMINATION FORM TO BE COMPLETED BY MEDICAL OFFICER

FULL NAME OF TRAINEE:.....

SEX: MALE/FEMALE:.....

HB TEST:.....

STOOL:.....

URINE MIRCO:.....

T.B TEST:.....

EYE EXAMINATION:.....

E.N.T:.....

CHEST:.....

CHEST X-RAY:.....

ABDOMEN:.....

ADDITIONAL INFORMATION

Physical Defects of Impairments, Infections, Chronic, or Hereditary (family) Disease.

.....

.....

.....

.....

I certify that I have examined the above Trainee and consider that he/she is physically/not physically fit for training.

.....
NAME & SIGNATURE

DATE:

.....
DESIGNATION & STAMP

DATE:

NB: Put in a sealed envelope and sign behind.