



Photograph of the candidate is to securely pasted here. The photograph is to be self attested by the candidate

Roll No. \_\_\_\_\_

**ALL INDIA SAINIK SCHOOL ENTERANCE EXAMINATION 2019**  
**SAINIK SCHOOL MAINPURI (UTTAR PRADESH)**  
**MEDICAL EXAMINATION REPORT**

**PERSONAL STATEMENTS**

1. Name of the candidate in Full \_\_\_\_\_
  2. Name of the Father / Guardian \_\_\_\_\_
  3. Date of Birth \_\_\_\_\_
  4. Age \_\_\_\_\_ years
  5. Identification Marks
    - (a) \_\_\_\_\_
    - (b) \_\_\_\_\_
  6. Permanent Address: \_\_\_\_\_
- 
7. Date of Medical Examination \_\_\_\_\_
  8. Place of Medical Examination \_\_\_\_\_

9. **FAMILY HISTORY**

Name	Relation	If, Alive		If, Dead	
		Age (Yrs)	Health	Cause of Death	Year of Death
	Father				
	Mother				
	Brother/Sister				
	Brother/Sister				
	Brother/Sister				
	Brother/Sister				

10. **Family History of**

- (a) Tuberculosis: \_\_\_\_\_
- (b) Diabetes: \_\_\_\_\_
- (c) Haemophilia: \_\_\_\_\_
- (d) Mental Disease: \_\_\_\_\_

11. PERSONAL MEDICAL HISTORY

.....  
 .....  
 .....

12. **Have you ever suffered from any of the following?**

Illness	Yes or No	If Yes at what age?	Illness	Yes or No	If Yes at what age?
Chronic Bronchitis/ Asthma	Yes/No		Air/Sea/Car/Train Sickness	Yes/No	
Pleurisy/Tuberculosis	Yes/No		Discharge from Ear	Yes/No	
Rheumatism/Frequent Sore Throat	Yes/No		Any other Ear trouble	Yes/No	
Chronic Indigestion	Yes/No		Frequent Colds in Head	Yes/No	
Kidney/Bladder Trouble	Yes/No		History of Guinea Worm infection	Yes/No	
Veneral Disease	Yes/No		Nervous Breakdown Mental Illness	Yes/No	
Trachoma	Yes/No		Severe Head Injury	Yes/No	
Any other Eye Disease	Yes/No				

13. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital

.....  
 .....  
 .....

**DECLARATION**

14. I hereby declare that, I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge. I further certify that there is no night blindness in my family nor I suffer from it.

Signature of Candidate.....

Name of Candidate:.....

Roll No: .....

Signature of Father/Mother/Guardian: .....

Name of Father/Mother/Guardian: .....

Date: .....



- (x) The candidate should not be suffering from night blindness.

## 5. **FLAT FOOT**

### (a) **Method of examination**

- (i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.
- (ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.
- (iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.

### (b) **Acceptable for admission**

- (i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.
- (ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.

## 6. **KNOCK KNEE**

### (a) **Method of Examination**

- (i) The candidates will be examined standing erect.
- (ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.
- (iii) The distance between the medial malleoli will be measured with medical femoral condyles touching each other.
- (iv) Any associated deformity of the feet or hip or genu recurvatum will be looked for at the same time.

- (b) (i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance. Provide there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing over lapping of either knee.
- (ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.
- (iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.

## 7. **DENTAL CONDITIONS**

It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.

- (a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.

- (i) Central incisor, lateral incisor, canine, 1<sup>st</sup> and 2<sup>nd</sup> premolars and under developed third molar 1 point each.
- (ii) 1<sup>st</sup> and 2<sup>nd</sup> molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.

(b) The following teeth in good functional apposition must be present in each jaw:

- (i) any four of the six anteriors
- (ii) Any six of the ten posteriors

(c) Candidates suffering from severe pyorrhoea will be rejected. Where the state of pyorrhoea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.

## 8. HEARING STANDARD

Hearing will be tested by speech-test. Where required audiometric records will also be taken.

### (a) **Speed test**

The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610 cms, in a reasonable quiet room. The examiner should whisper with the residual air that is to say at the end of an ordinary expiration.

### (b) **Audiometric Records**

The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10)

## 9. IT IS CERTIFIED THAT

(a)	There is no evidence of weak constitution imperfect development, serious malformation or obesity	_____
(b)	There is no maldevelopment or impairment of function of the bones or joints : X ray spline will be taken to find out maldevelopment	_____
(c)	There is no impediment of speech	_____
(d)	There is no malformation of the head, deformity from fracture or depression of the boned of the skull	_____
(e)	There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation	_____ _____
<b>Note: A soundly healed perforation without any impairment of the mobility of the drum and without impairment of hearing should not be a bar to acceptance.</b>		
(f)	There is no disease of the bones or cartilages of the nose or nasal polypus or	_____

	disease of the nasopharynx and accessory sinuses.	
(g)	There are no enlarged glands due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal.	
<b>Note: Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND REDILOGICALLY CELAR.</b>		
(h)	There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joint.	
<b>Note: Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.</b>		
(i)	There is no sign of functional or organic disease of the heart and blood vessels.	
(j)	There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs.	
(k)	There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and there is no abdominal tenderness or palpation.	
(l)	Inguinal hernia (unoperated) or tendency thereto will be a cause for rejection	
<b>Note: In the case of candidates who have been operated for hernia, they may be declaring fit provided.</b>		
	(i) One year has elapsed since the operation (documentary proof is to be furnished by the candidate)	
	(ii) general tone of the abdominal musculature is good; and	
	(iii) there has been no recurrence of the hernia or complication connected with the operation	
(m)	There is no hydrocele or definite varicocele or any other disease or defect of the genital organs.	
<b>Note :</b>		
<b>(i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis:</b>		
<b>(ii) Undescended intra-abdominal testicle on the one side should not be a bar to acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical or psychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however a bar to acceptance unless corrected by operation</b>		
(n)	There is no fistula and / or fissure of the anus of evidence of haemorrhoids	
(o)	There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be	

	rejected	
(p)	There is no disease of the skin unless temporary or trival. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection.	
(q)	There is no active latent or congenital venereal disease.	
(r)	There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted.	
(s)	There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence; and	
(t)	There is no active trachoma or its complication and sequela	

It is certified that \_\_\_\_\_ (Name of Candidate)

S/o \_\_\_\_\_ has been examined by a medical Board of under mentioned Doctors as per the medical standards laid down in this proforma and he is found **Fit / Unfit** for admission to Sainik School Mainpuri as a student.

- (a) ENT Specialist Dr \_\_\_\_\_
- (b) EYE Specialist Dr \_\_\_\_\_
- (c) Medical Specialist Dr \_\_\_\_\_
- (d) Surgeon / Dean Dr \_\_\_\_\_

Date \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Sign of District Civil Surgeon /  
Chairman Board of Doctors

### **SPECIAL ATTENTION FOR THE MEDICAL OFFICERS**

*The Board of Doctors carrying out the medical examination of the candidates should borne in mind that the Central Government and the State Government are spending considerable amount of the public funds on the education of boys in the Sainik Schools. These boys are ultimately expected to join the National Defence Services. The training programme of the Sainik School requires a high degree of physical fitness. The boys found medically unfit at any time during their stay in the Sainik School are too withdrawn.*

**MEDICAL FITNESS CERTIFICATE FOR THE CANDIDATES FOR THE ADMISSION IN  
SAINIK SCHOOL MAINPURI  
(WITH REFERENCE TO NDA STANDARDS OF MEDICAL FITNESS)**

Roll No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_

Photograph of the  
candidate is to securely  
pasted here. The  
photograph is to be  
signed by the candidate

1. Physical development according to the age of the candidates
- |                   |                     |       |     |
|-------------------|---------------------|-------|-----|
| Height _____      | Weight _____        | Kgs   |     |
| Chest Measurement | On full Inspiration | _____ | cms |
|                   | On full Expiration  | _____ | cms |
|                   | Difference          | _____ | cms |

2.	<p><b><u>BONE &amp; JOINTS</u></b>            Malformation            Flat Foot Knock Knee etc.            Impairment of function due to old fracture diseases            Diseases of Bones or Cartilages</p>	
3.	<p><b><u>MOUTH</u></b>            Congenital Defect like cleft palate            Hare lip, tongue etc.            Dental Condition            No of teeth condition            Tonsils and adenoids Speech /            Stuttering – Stammer etc.</p>	
4.	<p><b><u>NOSE</u></b>            Abnormalities of shape, defective septum            perforated septum, depressed septum            Disease _____ Poly etc.</p>	
5.	<p><b><u>EYE</u></b>            Lids (Evidence of Trachoma)            Conjunctive            Inflammatory condition            Pterigium            Pupils _____ Cornea  <b><u>VISION</u></b>            Distant Vision without glasses            Distant Vision with glasses            Near Vision without glasses            Near Vision with glasses            Colour vision</p>	
6.	<p><b><u>EARS</u></b>            Discharge from ear            Unhealed perforation            Evidence of Chronic Suppurative            Otitis Media            Hearing – Speech Test</p>	



7.	<b>CVS</b> Function or Organic Defects Pulse Rate Exercise Tolerance Test (Ten Times) Sitting & Standing Exercise 2 minutes after exercise	
8.	<b>LUNGS</b> Respiratory Rate / Min Evidence of Respiratory Disease	ACUTE _____ CHRONIC _____ ALLERGIC _____
9.	<b>ABDOMEN</b> Liver _____ Hydrocele _____ Fistula in ano _____	Spleen _____ Hernia _____ Fissure in ano _____
10.	<b>SKIN</b> Infection _____ _____	
	Chronic _____	Allergic _____
11.	<b>INVESTIGATION</b> URINE / ME _____ _____ _____	
12.	<b>IDENTIFICATION MARKS</b> (a) _____ (b) _____	

**REMARKS OF MEDICAL BOARD**

Medically \_\_\_\_\_ (FIT/UNFIT) for admission to Sainik School Mainpuri for Class-VI for the academic session 2019-20.

Place: Mainpuri

Dated:

(Seal)

\_\_\_\_\_  
Civil Surgeon, Mainpuri

**NOTED BY CANDIDATE AND PARENTS/GUARDIAN**

Name of Candidate		Signature of Candidate	
Name of Father/Mother/Guardian		Signature of Father/Mother/Guardian	
Date			