

## FORM C

Medical Examination by the.....(here enter the medical authority)

### PART I

#### Statement to be filled in by the applicant for Commutation of a portion of his pension

The applicant must complete this statement prior to his examination by the..... (here enter the medical authority )and must sign the declaration appended thereto in the presence of that authority.

1. State your name in full (in block letters)
2. State place of birth
3. State your age and date of birth
4. Furnish the following particulars concerning your family. -

1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8

5. Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?
6. Have you ever been abroad? where and for what period and how long since?
7. Have you ever served in the Navy, Army, Air Force, or in any Government Department?
8. Have you ever been examined -
  - (a) for Life Insurance, or/and
  - (b) by any Government Medical Officer or State Medical Board, Civil or Military ? If so, state details and with what result?
9. Have you ever been granted leave on medical certificate ? If so, state periods of leave and nature of illness.
10. Have you ever –
  - a) had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity or other disease of the ear, syphilis, gonorrhoea, or
  - b) had any other disease of injury which required confinement to bed or medical or surgical treatment, or

- c) undergone any surgical operation, or
  - d) suffered from any illness, wound or injury sustained while on active Service with His Majesty's Forces during the World War II?
11. Have you rupture ?
  12. Have you varicocele, varicose veins or piles?
  13. Is your vision in each eye good?
  14. Is your hearing in each ear good?
  15. Have you any congenital or acquired malformation, defect or deformity?
  16. When were you last vaccinated?
  17. Is there any further matter concerning your health not covered by the above questions, such as presence of albumen or sugar in the urine, marked increase or decrease in your weight in the last three years or being under treatment of any doctor within the last three months and the nature of illness for which such treatment was taken?

**DECLARATION BY APPLICANT**

*(To be signed in the presence of the medical authority)*

“I declare all the above answers to be, to the best of my belief, true and correct.

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation. I have applied for and of having my pension withheld or withdrawn under Rule 2, Part III, Kerala Service Rules.

Signed in the Presence of .....

Applicant’s Signature.....

*(Signature and designation of Medical Authority)*

## PART – II

(To be filled in by the examining medical authority)

1. Apparent age
2. Height
3. Weight
4. Girth of abdomen at level of umbilicus
5. Pulse rate -
  - a) Sitting
  - b) StandingWhat is the character of pulse?
6. What is the condition of arteries?
7. Blood pressure –
  - (a) Systolic
  - (b) Diastolic
8. Is there any evidence of disease of the main organs –
  - (a) Heart
  - (b) Lungs
  - (c) Liver

(d) Spleen

9. Does chemical examination of urine show –

(i) Albumen

(ii) Sugar

State specific gravity

10. Has the applicant a rupture? If so, state the kind and if reducible.

11. Describe any scars or identifying marks

12. Any additional information.

**PART – III**

I/We have carefully examined Shri/ Shrimathi/  
Kumari.....and am/are of opinion that :-

OR

He/She is not in good bodily health and has the prospect of an average duration of life.

He/She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from.....he/she is considered a fit subject for commutation but his/her age for the purpose of commutation i.e; the age next birthday should be taken to be ..... (in words) years more than his/her actual age.

Station .....  
Date .....

*Signature and designation of  
Examining Medical Authority.*