

**FORM – O**

(See rule 29F (2) and 29L)  
Report of medical examination under rule 29B  
(To be issued in triplicate)\*\*

Certificate No.....

Certified that Shri/Shrimati .....employed as  
..... in .....mine, Form B No.  
..... has been examined for an initial / periodical medical examination. He/she appears  
to be..... years of age. The findings of the examining authority are given in the attached sheet.

It is considered that Shri/Shrimati .....

(a) is medically **fit** for any employment in mines.

(b) is suffering from..... and is medically **unfit** for

(i) any employment in mine; or

(ii) any employment below ground; or

(iii) any employment or work .....

(c) is suffering from..... and should get this disability cured/controlled  
and should be again examined within a period of .....months. He/She will appear for re -examination  
with the result of test of..... and the  
opinion of .....Specialist from.....

He/She may be permitted/ not permitted to carry on his duties during this period.

Space for  
affixing  
Passport Size  
Photograph of  
the Candidate.

Signature of the examining authority

Place :

.....

Date :

Name and designation in Block letters

*\*\* One copy of the certificate shall be handed over to the person concerned and another copy shall be sent to the manager of the mine concerned by registered post; and the third copy shall be retained by the examining authority,*

# Report of the examining authority

(to be filled in for every medical examination whether initial or periodical or re -examination or after cure/control of disability).

Annexure to Certificate No..... as result of medical examination on .....

Identification Mark .....

Left thumb impression of the candidate

1. General development- Good/ Fair/ Poor

2. Height.....Cms.

3. Weight.....kg.

4. Eyes :

(i) Visual acuity-Distant vision (with or without glasses).

Right eye: ..... Left eye.....

(ii) any organic disease of eyes:

(iii) night blindness:

(iv) Colour blindness:

(v) Squint:

5 Ears :

(i) Hearing : Right ear..... Left ear .....

(ii) Any organic diseases.

6.Respiratory system.

Chest measurement :

(i) After full inspiration .....cms.

(ii) After full expiration.....cms.

7. Circulatory system:

(i) Blood Pressure:

(ii) Pulse:

8. Abdomen :

Tenderness:

Liver:

Spleen:

Tumour:

9. Nervous system:

History of fits or epilepsy:

Paralysis:

Mental health:

10. Locomotory system:

11. Skin:

12. Hydrocele:

13. Hernia:

14. Any other abnormality:

15. Urine :

Reaction:.

Albumin:

Sugar:

16. Skiagram of chest:

17. Any other test considered necessary by the examining authority:

18. Any opinion of specialist considered necessary:

Signature of the examining authority

Place:

## **Report of Medical Examination as per the recommendations of National Safety Conference in Mines**

(To be used in continuation with Form O)

Certificate No. :

Name:

Identification Marks:

### 1. Cardiological Assessment

Auscultation	S1	
	S2	
	Additional Sound	
Electrocardiograph (12 leads) findings:		Normal / Abnormal

### 2. Neurological Assessment

Findings	Normal / Abnormal
Superficial Reflexes	
Deep Reflexes	
Peripheral Circulation	
Vibrational Syndromes	

### 3. ILO Classification of Chest Radiograph

Profusion of Pneumoconiotic opacities	Grades	Types
Present / Absent		

Enclosed Chest Radiograph

#### 4. Audiometry Findings

Conduction Type	Left Ear	Right Ear
Ear Conduction	Normal / Abnormal	Normal / Abnormal
Bone Conduction	Normal / Abnormal	Normal / Abnormal

Enclosed Audiometry Report

#### 5. Pathological / Microbiological Investigations

S No	Tests	Findings
1	Blood- Tc, Dc, Hb, ESR, Platelets	WNL / Abnormal
2	Blood Sugar- Fasting & PP	WNL / Abnormal
3	Lipid profile	WNL / Abnormal
4	Blood Urea, Creatinine	WNL / Abnormal
5	Urine Routine	WNL / Abnormal
6	Stool Routine	WNL / Abnormal

Enclosed Investigation Reports

#### 6. Special Tests for Mn exposure

Behavioral Disturbances		Present / Not Present
Neurological Disturbances	Speech Defect	Present / Not Present
	Tremor	Present / Not Present
	Adiadokinesia	Present / Not Present
	Emotional Changes	Present / Not Present

#### 7. Any other Special Test Required:

Signature of the Examination Authority

**Report of Medical Examination under Mines Rule 29B***(To be used in continuation with Form O)*

Certificate No. :

Name:

Identification Marks:

**Result of lung Function Test (Spirometry)**

Parameters	Predicted Value	Performed value	% of Predicted
Forced Vital Capacity (FVC)			
Forced Expiratory Volume 1 (FEV1)			
FEV1 / FVC			
Peak Expiratory Flow			

Spirometry Report enclosed

Signature of the Examination Authority