

**1(Form – O)**  
**(Rule 29F (2) and 22L of Mines Rules, 1955)**

**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 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  
any employment in mine; or any employment below ground; or any  
employment or work.....
- (c) \*is suffering from .....and should get this disability\* cured /  
controlled and should be again examined with 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 / her duties during this period.

Space for affixing  
Passport  
Size Photograph of the  
Candidate.

**Signature of the Examining Authority**  
.....  
Name and Designation in Block letters

Place: .....

Date: .....

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\*Delete whatever is not applicable.

\*\*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,

**(FORM O-Cont.)**  
**Report of the Examining Authority**

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

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

Left thumb impression of  
 The Employee

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:

Audiometry

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

6. Respiratory system.  
 Chest measurement:
  - (i) After full inspiration .....cms.

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

7. Circulatory system:

(i) Blood Pressure ..... mm of Hg column

(ii) Pulse .....

8. Abdomen:

(i) Tenderness.....

(ii) Liver.....

(iii) Spleen.....

(iv) Tumour.....

9. Nervous system:

(i) History of fits or epilepsy.....

(ii) Paralysis.....

(iii) Mental Health.....

10. Locomotory system.

(Neurological Assessment)

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

11. Skin.....

12. Hydrocele.....

13. Hernia.....

14. Laboratory test: blood count, stool and urine tests, blood group (only once) etc

Sr. 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

15. Urine:

- (i) Reaction.....
- (ii) Albumin.....
- (iii) Sugar.....

16. ILO Classification of chest Radiograph (Chest X Ray)

Profusion of Pneumoconiotic	Grades	Type
Present / Absent		

17 ECG (Cardio logical Assessment)

Auscultation	S1	
	S2	
	Additional sound	
Electrocardiograph (12 Leads) finding		Normal / Abnormal

18 Special Tests for Mn Exposure.

Behavioral Disturbances		Present / Not present
Neurological Disturbances	Speech Defect	Present / Not present
	Tremor	Present / Not present
	Adiadocokinesia	Present / Not present
	Emotional Changes	Present / Not present

19. Result of Lung function Test (Spirometry)

Parameters	Predicted Value	Performed Value	% of predicted
Forced Vital Capacity (FEV)			
Forced Vital Capacity 1 FEV1			
FEV1/FVC			
Peak Expiration Flow			

20. Any other test considered necessary by the examining authority.....

21. Any opinion of specialist considered necessary.....

**Signature of the Examining Authority.**

**Seal (Occupational Health Physician)**