



3.7 Heart Pulse measured by cardiac auscultation for one minute: \_\_\_\_\_  
Is there any disturbance of cardiac rhythm? Yes  no   
Is there any evidence of disease of the heart or blood vessels? Yes  no

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3.8 Abdomen Does examination reveal any abnormality  
( hepatomegaly, splenomegaly ) ? Yes  no   
If so, specify : \_\_\_\_\_

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3.9 Hernia Is there any hernia ? Yes  no

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3.10 Reflexes Are patellar reflexes present and symmetrical ? Yes  no

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3.11 Nervous system Is there any evidence of impairment of the nervous system ?  
Yes  no

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3.12 Hands Is there any evidence of swelling or injury ? Yes  no

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3.13 Alcohol Is there any evidence of the use of alcoholic beverages ? Yes  no   
Drugs Is there any evidence of the use of stimulating drugs ? Yes  no   
Tobacco Is there any use of tobacco Yes  no

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3.14 General Is there evidence of any disorder not covered by the above information  
that requires additional examination? Yes  no

#### Section IV – Laboratory Tests

4.1 Urine Analysis by URISTIX method – Normal? Yes  no

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4.2 EEG Normal  Abnormal

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4.3 ECG Normal  Abnormal   
Attach a copy of reports

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4.4 Hemogram Normal  Abnormal

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4.5 VDRL or BW Normal  Abnormal

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#### Section V – Other Remarks ( if necessary )

5.1 Remarks :

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This is to certify that the above-named applicant was examined by me and that, as a result  
of the examination I consider him to be : Fit  unfit  to fight

Examining physician Signature: \_\_\_\_\_

Physician Licence number:

Date: \_\_\_\_/\_\_\_\_/201\_\_  
Month day