

**FORM 5**

MEDICAL EXAMINATION BY THE .....  
**(Here enter the medical authority)**

(See Rule 7(1), 21(3), 26(1), (2) and (3), 28(1) and (3), 29(2) & 31(1))

**PART I**

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. Name of the applicant (in block letter)
2. Date of birth (by Christian era)
3. Place of Birth
4. Particulars regarding parents, brother and sisters:

Father's age if living & state of health	Father's age at death & cause of death	Number of brothers living, their ages & state of health	Number of brothers dead, their ages at death & cause of death	Mother's age, if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages & state of health	No. of sisters dead their ages at death and cause of death
1	2	3	4	5	6	7	8

5. Have you ever been examined:
  - (a) for Life Insurance, or / and
  - (b) by any Railway/Government Medical Officer or State
  - (c) Medical Board. If so, state details and with what results.
6. Have you been granted or considered for grant of invalid pension? If so, state the ground thereof.
7. Have you ever been granted leave on Medical certificate during the last five years. If so, state periods of leave and nature of illness.

8. Have you ever-
- (a) had Small-Pox, intermittent or any other fever, enlargement or suppuration of glands, spitting asthma, inflammation of lungs, pleurisy, heart disease, fainting, attacks, rheumatism, appendicitis, epilepsy, insanity or other nervous diseases, discharge from or other disease of ear, syphilis, or gonorrhoea; or
  - (b) had any other disease or injury which required confinement to bed, or medical or a surgical treatment,
- or
- (c) undergone any surgical operation, or
  - (d) suffered from any illness, wound or injury sustained while on active service.
  - (e) Presence of albumen or sugar in urine.
9. Present state of health:
- (a) Have you a hernia?
  - (b) Have you varicocele, varicose veins or piles?
  - (c) Is your vision in each eye good (with or without glasses)?
  - (d) Is your hearing in each ear good?
  - (e) Have you any congenital or acquired malformation, defect or deformity?
  - (f) Have you lost or gained weight markedly during the last three years?
  - (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken.

**DECLARATION BY APPLICANT**

(To be signed in the presence of medical authority)

I declare all the above answers to be, to the best of my belief, true and correct. I am fully aware that by willfully 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 8 of the Railway Services (Pension) Rules. 1993-

Applicant's signature or thumb impression in case of illiterate applicant.

Signed in the presence of ..... (Signature & designation of medical authority)