

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

3.9 Hernia Is there any hernia ? Yes no

3.10 Reflexes Are patellar reflexes present and symmetrical ? Yes no

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

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

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

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

4.2 EEG Normal Abnormal

4.3 ECG Normal Abnormal
Attach a copy of reports

4.4 Hemogram Normal Abnormal

4.5 VDRL or BW Normal Abnormal

Section V – Other Remarks (if necessary)

5.1 Remarks :

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: ____/____/200____
Month day