

## APPENDIX III

### REGULATIONS RELATING TO THE PHYSICAL EXAMINATION OF CANDIDATES

(Vide Rule 17)

[these regulations are published for the convenience of candidates and to enable them to ascertain the probability of their being of the required physical standard. The regulations are also intended to provide guidelines to the medical examiners. The medical examination shall be conducted in two parts, i.e. Part I which shall consist of the entire medical examination which the medical board may prescribe for a candidate, except the Radiographic Examination of the chest (X-ray test) and Part II which shall consist of Radiographic Examination (X-ray test of the chest). The Part II shall be conducted only in respect of the candidates who have been declared finally successful on the basis of the examination. The Government of India reserve to themselves, absolute discretion to reject or accept any candidate after considering the report of the Medical Board].

1. To be passed as fit for appointment a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of the duties of his appointment.
2. Walking Test: the male candidate will be required to qualify in walking test of 25 kilometers to be completed in 4 hours and female candidates 14 kilometers to be completed in 4 hours. The arrangement for conducting this test will be made by the Inspector General of Forests, Government of India so as to synchronise with the sitting of the Medical Board.

Provided in case a candidate who has been called for appearing in the walking test after declaration of the result of the written part of the Examination, either fails to complete the walking test within the prescribed time limit or fails to appear in the test, will be given another opportunity to appear in the walking test after he is selected for the Indian Forest Service on the basis of final results of the Examination. In case he again fails to appear/pass the test, no further opportunity will be given to him to appear in the walking test.

3. (a) In the matter of the correlation of age, height and chest girth of candidates of Indian (including Anglo Indian) race it is left to the Medical Board to use whatever correlation figures are considered most suitable as a guide in the examination of the candidates. If there be any disproportion with regard to height, weight and chest girth the candidate should be hospitalised for investigation and X-ray of the chest taken before the candidate is declared fit or not fit by the Board. However, the X-ray of the Chest will be done in respect of only such candidates who are directed to appear before the medical board for Part 11 of the medical examination.

(b) The Minimum standard for height and chest girth without which candidates cannot be accepted are as follows:

Height	Chest (fully expanded)	Expansion
163 cms	84 cms.	5 cms. (for men)
150 cms	79 cms.	5 cms, (for women)

The following minimum height standards may be allowed in the case of candidates belonging to Scheduled Tribes and in races such as Gorkhas, Nepalties, Assamese, Meghalaya Tribal, Ladakhese, Sikkimese, Bhutanese, Garhwalees, Kumaonis, Nagas and Arunachal Pradesh candidates whose average height is distinctly lower:

Men	152.5 cms.
Women	145.0 cms.

4. The candidate's height will be measured as follows:

He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels, and not on the toes or other sides of the feet. He will stand erect without rigidity and with the heels calves, buttocks and shoulders touching the standard. The chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in centimeters and parts of it in centimeter to halves.

5. The candidate's chest will be measured as follows:

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted around the chest its upper edge touches the interior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and maximum will then be recorded in centimeters 84-89, 86-93.5etc. In recording the measurements fraction of less than half centimeter should not be noted.

N.B-The height and chest of the candidates should be measured twice before coming to a final decision.

6. The candidate will also be weighed and his weight recorded in kilograms, fractions of half a kilogram should not be noted.

7. The candidate's, eye-sight will be tested ' in accordance with the following rules. The results of each test will be recorded:

(i) General- The candidate's eyes will be submitted to a general examination directed to the detection of any disease or abnormality. The candidate will be rejected if he suffers from any squint or morbid conditions of eyes, eyelids, or contiguous structures of such a sort as render, or are likely to render him unfit or service at a future date.

(ii) Visual Acuity-The examination for determining the acuteness of vision includes two tests, one for distant vision other for near vision. Each eye will be examined separately.

There shall be no limit for minimum naked eye vision but naked eye vision of the candidates shall however, be recorded by the Medical Board or other medical authority in every case, as it will furnish the basic information with regard to the condition of the eye.

The Indian Forest Service is a technical service.

The standards for distant and near vision with or without glasses shall be as follows :

Distant vision		Near vision	
Better eye (corrected vision)	Worse eye	Better eye (corrected vision)	Worse eye
6/6	6/6	N.5	N.5

Type of correction permitted : Best correction (unspecified) Radial Keratotomy.

**NOTE:**

(a) Fundus Examination-In every case of Myopia Fundus Examination should be carried out and the result recorded. In the event of pathological condition being present which is likely to be progressive and affect efficiency of the candidate, he/she should be declared unfit.

The total amount of Myopia (including the cylinder) shall not exceed - 8.00 D. Total amount of Hypermetropia (including the cylinder shall not exceed - 4.00 D).

Provided that in case a candidate is found unfit on ground of high myopia, the matter shall be referred to a special board of three ophthalmologists to declare whether this myopia is pathological or not. In case it is not pathological the candidate shall be declared fit, provided he. fulfils the visuals requirements otherwise.

(2) Colour Vision - (i) The testing of colour vision shall be essential.

(ii) Colour perception should be graded into a higher and lower Grade depending upon the size of the aperture in the lantern as described in the table below :

Grade	Higher grade Colour perception	Lower grade Colour perception
1.Distance between the lamp and candidate	16 ft.	16 ft.
2. Size of aperture	1.3 mm	13 mm
3. Time of exposure	5 seconds	5 seconds

(iii) Satisfactory colour vision constitutes recognition with ease and without hesitation of single red, single green and white colours. The use of Ishihara's plates shown in good light and suitable lantern like Edrige Green's shall be considered quite dependable for testing colour vision. While either of the two test may ordinarily be considered sufficient, it is essential to carry out the lantern test. In doubtful cases where a candidate fails to qualify when tested by only one of the two tests, both the tests should be employed.

NOTE : For appointment to the Indian Forest Service, Lower Grade of colour vision will be considered sufficient.

(3) Field of vision - The field of vision shall be tested in respect of all services by the confrontation method. Where such test gives unsatisfactory or doubtful results, the field of vision should be determined on the perimeter.

(4) Night Blindness - Night Blindness need not be tested as a routine, but only in special cases. No standard test for the testing of night blindness or dark adaption is prescribed. The Medical

Board should be given the discretion to improvise such rough test, e.g. recording of visual acuity with reduced illumination or by making the candidate recognise various objects in a darkened room after he/she has been there for 20 to 30 minutes. Candidates own statements should not always be relied upon but they should be given due consideration.

(5) Ocular conditions other than visual acuity - (a) Any organic disease or a progressive refractive error which is likely to result in lowering the visual acuity should be considered as a disqualification.

(b) Trachoma -Trachoma unless complicated shall not ordinarily be a cause for disqualification.

(c) Squint - As the presence of binocular vision is essential squint even if the visual acuity is of the prescribed standard, should be considered as a disqualification.

(d) One eyed persons - The employment of one eyed individuals is not recommended.

## 8. Blood Pressure

The Board will use its discretion regarding Blood Pressure.

A rough method of calculating normal-maximum systolic pressure -is as follows

(i) With young subjects 15-25 years of age of average is about 100 plus the age.

(ii) With subjects over 25 years of age the general rule of 10 plus half the age seems quite satisfactory.

N.B.-As a general rule any systolic pressure over 140 mm and diastolic over 90 mm should be regarded as suspicious and the candidate should be hospitalised by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalisation report should indicate whether the rise in blood pressure is of a transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-ray and electrocardiographic examination of heart and blood urea clearance test should also be done as a routine. The final decision as to the fitness or otherwise of a candidate will, however, rest with the medical board only.

### Method of taking Blood Pressure

The mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the patient and particularly his arm is relaxed, he may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal position. The arm should be freed from the clothes to the shoulder. The cuff completely deflated should be applied with the middle of the rubber over the inner side of the arm and its lower edge an inch or two above the one of the elbow. The following turns of cloth bandage should spread evenly over the bag to avoid bursting during inflation.

The brachial artery is located by palpitation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below, but not in contact with the cuff. The cuff is inflated to about 200m Hg and then slowly deflated. The level at which the column stand when soft successive sounds are heard represents the Systolic pressure. When more air is allowed to escape the sound will be heard to increase in intensity. The level at which the well-heard clear sound change to soft muffled fading sounds represents the diastolic pressure. The measurement should be taken in a fairly brief period of times; prolonged pressure of the cuff is irritating to the patient and will vitate the readings. Re-checking if necessary, should be done

only a few minutes after complete deflation of the cuff. (Some times, as the cuff is deflated sound are heard at a certain level they may disappear as pressure falls and reappear at a still lower level). This : "Silent gap" may cause error in reading.

9. The urine (passed in the presence of the examiner) should be examined and the results recorded. Where a Medical Board finds sugar present in a candidate's urine by the usual chemical test the Board will processed with the examination with all its other aspects and will also specially note any signs or symptoms suggestive of diabetes. If except for the glycosuria the Board finds the candidate conforms to the standards of medical fitness required they may pass the candidate "fit" subject to the glycosuria being non-diabetic and the Board will refer the case to a specified specialist in medicine who has hospital and laboratory facilities at his disposal. The Medical Specialist will carry out whatever examination clinical and laboratory test he considers necessary including a standard blood sugar tolerance test, and will submit his opinion to the Medical Board upon which the Medical Board will base its final opinion "fit" or "unfit". The candidate will not be required to appear in person before the Board on the second occasion. To exclude the effects of medication it may be necessary to retain a candidate for several days in hospital under strict supervision.

10. A woman candidate who as a result of tests is found to be pregnant of 12 weeks standing or over, should be declared temporarily unfit until the confinement is over. She should be re-examined for fitness certificate six weeks after the date of confinement subject to the production of a medical certificate of fitness from registered medical practitioner.

11. The following additional points should be observed:

(a) That the candidates hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective the candidate should be got examined by he ear specialist, provided that if the defect in a hearing is remediable by operation or by use of hearing aid. A candidate cannot be declared unfit on that account provided he/she has not progressive disease in the ear. The following are the guidelines for the medical examination authority in this regard.

(1) Marked or total deafness in one ear other for being normal.	Fit for non-technical jobs if the deafness is up to 30 decible in higher frequency.
(2) Perceptive deaf ness in both ear in which some improvement is possible by a hearing aid.	Fit in respect of both technical and non technical jobs if the deafness is up to 30 decibles in speech frequencies of 1000 to 4000 HZ.
(3) Perforation of tympanic membrane of central or Marginal type.	i. One ear normal other ear perforation of tympanic membrane present temporarily unfit. Under improved condition of ears surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4 (ii) below. (ii) Marginal drastic perforation in both ears- unfit. (iii) Central perforation in both ears temporarily unfit.
(4) Ears with Mastoid cavity sub normal hearing on one side/on both side.	i. Either ear normal hearing other ear Mastoid cavity Fit for both technical/ non-technical jobs. (ii) Mastoid cavity of both side & Unfit for

	technical jobs Fit for non-technical jobs if hearing improves to 30 Decibles in either ear with or without hearing aid.
(5) Persistently discharging ear operated/ un-operated.	Temporarily unfit for both technical and nontechnical job.
(6) Chronic inflammatory allergic condition of nose with or without hony deformities of nasal septum.	i. A decision will be taken as per circumstances of individual cases. (ii) If deviated nasal septum is present with symptoms, Temporarily unfit.
(7) Chronic inflammatory conditions of tonsils and or Larynx.	i. Chronic Inflammatory conditions tonsils and or Larynx-Fit. (ii)Hoarseness of voice severe degree if present then-Temporarily unfit.
(8) Benign or locally malignant Tumours of ENT.	i. Benign Tumours - Temporarily unfit. (ii) Malignant Tumours - Unfit.
(9) Otoscleriosis	If the hearing is within 30 decibles after operation with the help of hearing aid-fit.
(10) Congenital defects of ear, nose or throat.	i. It not interfering with function-Fit. (ii) Stuttering of sever degree-Unfit.
(11) Nasal Poly unfit.	Temporarily unfit.

(b) that his/her speech is without impediment;

(c ) that his/her teeth are in good order and that he/she is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound);

(d) that chest is well-formed and his chest expansion sufficient; and that his heart and lungs are sound;

(e) that there is no evidence of any abdominal disease;

(f) that he is not ruptured;

(g) that he does not suffer from hydrocele, a severe degree of varicose veins or piles;

(h) that his limbs, hand and feet are well formed and developed and that there is free and perfect motion of all his joint;

(i) that he is not ruptured; disease;

(j) that there is no congenital malformation or defect;

(k) that he does not bear traces of active or chronic disease pointing to an impaired constitution;

(l) that he bears marks of efficient vaccination; and

(m) that he is free from communicable disease.

12. Radiographic examination of the chest for detecting any abnormality of the heart and lungs, which may not be apparent ordinary physical examination will be restricted to only such candidates who are declared finally successful at the concerned Indian Forest Service Examination.

The opinion of the Chairman of the Central Standing Medical Board (conducting the medical examination of the concerned candidate) about the fitness of the candidate shall be final.

When any defect is found it must be noted in the certificate the medical examiner should state his opinion whether or not it is likely to interfere in the efficient performance of the duties which will be required of the candidate.

In case of doubt regarding health of a candidate the Chairman of the Medical Board may consult a suitable Hospital Specialist to decide the issue of fitness or unfitness of the candidate for Government Service e.g. if a candidate is suspected to be suffering from any mental defect or aberration, the Chairman of the Board may consult a Hospital Psychiatrist/ Psychologist, etc.

NOTE : Candidates are warned that there is no right of appeal from Medical Board special or standing appointed to determine their fitness for the above service. If, however, Government are satisfied on the evidence produced before them of the possibility of an error of judgement in the decision of the first Board, it is open to Government to allow an appeal to second Board, Such evidence should be submitted within one month of the date of the communication in which the decision of the first Medical Board is communicated to the candidate, otherwise no request for an appeal to a second Medical Board will be considered.

If any medical certificate, produced by a candidate as a piece of evidence about the possibility of an error of judgement, in the decision of the first Board, the certificate will not be taken into consideration unless it contains a note by the medical practitioner concerned to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as unfit for service by the Medical Board.

#### Medical Board's Report

The following intimation is made for the guidance of the Medical Examiner:-

1. The standard of Physical fitness to be adopted should make due allowance for the age and length of service, if any of the candidate concerned.

No person will be deemed qualified for admission to the Public Service who shall not satisfy Government or the appointing authority, as the case may be that he has no disease constitutional affliction, or bodily infirmity unfitting him, or likely to unfit him for that service.

It should be understood that the question of fitness involves the future as well as the present and that one of the main objects of medical examination is to secure continuous effective service, and in the case of candidates for permanent appointment to prevent early pension or payments in case of premature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and that rejection of a candidate need not be advised on account of the presence of defect which is only a small proportion of cases is found to interfere, with continuous effective service.

A lady doctor will be co-opted as a member of the Medical Board whenever a woman candidate is to be examined.

The report of the Medical Board should be treated as confidential.

In case where a candidate is declared unfit for appointment in the Government Service the grounds for rejection may be communicated to the candidate in broad terms without giving minute details regarding the defects pointed out by the Medical Board.

In case where a Medical Board considers that a minor disability disqualifying a candidate for Government service can be cured by a treatment (medical or surgical) a statement to that effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion to this effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another Medical Board.

In the case of candidate who are to be declared Temporarily unfit the period specified for re-examination should not ordinarily exceed six months of the Maximum. On re-examination after the specified period these candidates should not be declared temporarily unfit for a further period but a final decision in regard to their fitness for appointment or otherwise should be given.

(a) candidate's Statement and declaration

The candidate must make the statement required below prior to his Medical examination and must sign the Declaration appended thereto. Their attention is specially directed to the warning contained in the Note below :-

1. State your Name in full .....  
(in block letters)

2. State your age and birth place .....

(a) Do you belong to Scheduled Tribes or to races such as Gorkhas, Nepalese, Assamese, Meghalaya Tribals, Ladakhese, Sikkimese, Bhutanese, Gharwalis, Kumaonis, Nagas and Arunachal Pradesh. Whose average Height is distinctly lower? Answer 'Yes' or 'No' and if the answer is "Yes" state the name of tribe/race.

3. (a) Have you ever had small pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks rhuematism, appendicitis ?

OR

(b) Any other disease or accident requiring confinement to bed and medical or surgical treatment.

4. Have you suffered from any ..... form of nervousness due to over work or any other cause?

5. Furnish the following particulars concerning your family:-

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

6. Have you been examined by ..... Medical Board before ?

7. If answer to the above is 'Yes' . .....

please state what Services you were examined for ?

8. Who was the examining authority ? .....

9. When and where was the Medical ..... Board held.

10. Result of the Medical Board ..... examination, if communicated to you or if known.

11. All the above answers are to be best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression o(any factual information comes to notice at any time during my service would be liable to be terminated.

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board

### PROFORMA-I

Report of Medical Board on (name of candidate) physical examination.

1. General Development; Good Fair ???? Poor Nutrition Thin?????? Average??? Obese???  
Height ???Best Weight ?????? When? ???? Any recent change in Weight ????  
Temperature ????????

2. Girth of chest :-

(1) After full inspiration

(2) After full expiration

Skin: Any obvious disease

3. EYES:-

(1) Any disease .....

(2) Night blindness .....

(3) Defect in colour vision ?????

(4) Field of vision .....??

(5) Visual acuity .....

(6) Fundus Examination .....

Activity of vision	Naked eye	With glasses		Strength of glasses
		Sph.	Axix	Cy.
Distant Vision R.E. L.E.				
Near Vision R.E. L.E.				
Hypermetropia Vision R.E. L.E.				

4. Ears : Inspection ???????? Hearing; Right Ear ???????? Left Ear ????????

5. Glands ???????? Thyroid ????????

6. Condition of teeth .....

7. Respiratory System; reveal. Does Physical examination anything abnormal in the respiratory organs

If yes, explain fully

8. Circulatory System

(a) Heart, Any organic lesions? ???????? Rate Standing ????????

After hopping 25 times ????????

2 minutes after hopping ????????

(b) Blood Pressure: Systolic Diastolic

9. Abdomen: Girth Tenderness

Hernia ????????

(a) Palpable Liver ???????? Spleen ???????? Kidneys ?????? Tumours

(b) Haemorrhoids ???????? Fistula ????????

10. Nervous System : Indication of nervous or mental disability .....

11. Loco-Motor System: Any abnormality ????????

12. Genito Urinary System: Any evidence of Hydrocele, Varicocele etc.

Urine Analysis:

(a) A physical appearance ????????

(b) Sp. Gr ????????

(c) Albumen ????????

(d) Sugar .....

(e) Casts .....

(f) Cells .....

13. Is there anything the health of the candidate likely to render him unfit for the efficient discharge of his duties in the Indian Forest Service ?

NOTE : In case of a female candidate, if it is found that she is pregnant of 12 weeks standing or over she should be declared temporarily unfit, vide Regulation 10.

14. Has he been found qualified in all respects for the efficient and continuous discharge of duties in the Indian Forest Service?

Note (I) : The Board should record their findings under one of the following three categories

(i) Fit .....

(ii) Unfit on account of .....

(iii) Temporarily unfit on account of .....

Note (II) : The candidate has not undergone chest X-RAY test. In view of this, the above findings are not final and are subject to the report on chest X-Ray test.

Place:

Date:

Chairman,

Signature Member

Member

Seal of the Medical Board

**PROFORMA II**

Candidate's statement/Declaration

1. State you Name:  
(in block letter)

2. Roll No.

Candidate's Signature

Signed in my presence

Signature of the Chairman of the Board

To be filled-in by the Medical Board

Note : The Board should record their findings under one of the following three categories in respect of chest X-ray test of the candidate.

Name of the candidate .....

(i) Fit

(ii) Unfit on account of

(iii) Temporarily unfit on account of

Place:

Date:

Chairman

Signature

Member

Member

Seal of the Medical Board