



Roll No. _____

Self attested
Photograph of the
candidate is to securely
pasted here.

CMKP UP SAINIK SCHOOL LUCKNOW
ENTRANCE EXAMINATION 2025-26

MEDICAL EXAMINATION REPORT

PERSONAL STATEMENTS

1. Name of the candidate in Full _____
2. Name of the Father / Guardian _____
3. Date of Birth _____
4. Gender _____ Age _____ (in years)
5. Identification Marks
(a) _____
(b) _____
6. Permanent Address : _____

7. Date of Medical Examination _____
8. Place of Medical Examination _____

9. **FAMILY HISTORY**

| Name | Relation | If, Alive | | If, Dead | |
|------|----------------|-----------|--------|----------------|---------------|
| | | Age (Yrs) | Health | Cause of Death | Year of Death |
| | Father | | | | |
| | Mother | | | | |
| | Brother/Sister | | | | |
| | Brother/Sister | | | | |
| | Brother/Sister | | | | |
| | Brother/Sister | | | | |

10. **Family History of**

- (a) Tuberculosis : _____
- (b) Diabetes : _____
- (c) Hemophilia : _____
- (d) Mental Disease : _____
- (e) Hypertension : _____
- (f) Heart Disease : _____

11. PERSONAL MEDICAL HISTORY

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12. **Have you ever suffered from any of the following?**

| Illness | Yes or No | If Yes at what age? | Illness | Yes or No | If Yes at what age? |
|---------------------------------|-----------|---------------------|------------------------------------|-----------|---------------------|
| Chronic Bronchitis/ Asthma | | | Frequent Colds in Head | | |
| Pleurisy/Tuberculosis | | | History of Guinea Worm infection | | |
| Rheumatism/Frequent Sore Throat | | | Nervous Breakdown Mental Illness | | |
| Chronic Indigestion | | | Severe Head Injury | | |
| Night Blindness | | | (for Female Candidate only) | | |
| Kidney/Bladder Trouble | | | Breast Disease/Discharge | | |
| Veneral Disease | | | Amenorrhoca/Dysmenorrhoca | | |
| Trachoma | | | Menorrhagia | | |
| Any other Eye Disease | | | Pregnancy | | |
| Air/Sea/Car/Train Sickness | | | Abortion | | |
| Discharge from Ear | | | | | |
| Any other Ear trouble | | | | | |

13. Have you ever been admitted for any illness, operation or injury? If so, state the nature of disease and duration of stay in hospital

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Roll No of Candidate : _____

DECLARATION

14. I hereby declare that, I have provided all details to the best of my knowledge about my family and personal health and that the information given is true to the best of my knowledge.

Signature of Candidate.....

Name of Candidate :.....

Roll No:

Signature of Father/Mother/Guardian :

Name of Father/Mother/Guardian :

Date :

MEDICAL EXAMINATION REPORT

1. Height _____ cms 2. Weight _____ Kgs

(Minimum Height – 128 cms, Minimum weight 22 Kgs)
Height and Weight should conform to the under mentioned chart

| | | | | |
|---------|---------|---------|---------|---------|
| 128 cms | 129 cms | 130 cms | 131 cms | 132 cms |
| 22 Kgs | 23 Kgs | 24 Kgs | 25 Kgs | 26 Kgs |

3. **CHEST MEASUREMENT**

(a) Normal _____ cms (b) Expansion _____ cms

(The chest should be well proportioned and well developed with a minimum range of expansion of 5 cms. The candidate's chest will be measured by making him stand erect with his feet together and his arms raised over his head. The tape will be so adjusted round the chest its upper edge touches the inferior angles of the shoulder blades behind and its lower edge the upper part of the nipples in front. The arms will then be lowered to hand loosely by the side. Care will be taken that the shoulder are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take deep breath or inspiration and expiration several times and the maximum and minimum expansions of the chest will be carefully noted. The minimum and maximum will then be recorded in cms.)

4. **VISUAL STANDARD**

(a) Normal vision Right _____ Left _____
(without glasses)

(b) Normal Vision Right _____ Left _____
(with glasses)

(c) Colour Vision _____

NOTES –

(i) The minimum acceptable visual standard for admission in Sainik Schools is as under: -

| | | | |
|----------------|-------------------|------------------|----------------------|
| Distant vision | <u>Better Eye</u> | <u>Worse Eye</u> | (Correctable to 6/6) |
| | V-6/6 | V-6/9 | |

Distance vision (Corrected) 6/6

(ii) Myopia of not more than 2.5D including astigmatism

(iii) Manifest Hypermetropia of not more than +3.5D including astigmatism.

(iv) Fundus and media to healthy and within normal limits.

- (v) No undue degenerative signs of vitreous or chorioretina to be present suggesting progressive myopia.
- (vi) Should possess good binocular vision (fusion faculty and full field of vision in both eyes) Squint of any type is a definite disqualification.
- (vii) There should be no organic disease likely to exacerbations or deterioration.
- (viii) Colour vision : Candidates who do not possess the minimum colour perception standard CP-3 (Defective Safe) defined below will be declared Unfit.
- (ix) Binocular Vision : Must possess good binocular Vision (fusion and stereopsis) colour perception standard MLT good amplitude and depth)
- (x) The candidate should not be suffering from night blindness.

5. **FLAT FOOT**

(a) **Method of examination**

- (i) The candidate will be examined bare footed standing erect and the presence or absence of normal arch of the feet should be noted.
- (ii) Candidate should be asked to stand on toes with the feet and heels kept separated and the restoration or otherwise of the arch noted.
- (iii) Candidate should be made to skip on forefoot and the suppleness and springiness of the feet observed. Tarsal joints will be examined for suppleness or movements.

(b) **Acceptable for admission**

- (i) Milder degrees of flat foot where the arches of the feet are restored on standing on toes, with supple and painless feet should not be a bar to acceptance.
- (ii) Degrees of flat foot where the arch does not re-appear on standing on toes and where the feet are rigid should be a permanent cause for rejection.

6. **KNOCK KNEE**

(a) **Method of Examination**

- (i) The candidates will be examined standing erect.
- (ii) The knee joints will be kept fully extended with feet parallel and the patella facing directly forward.
- (iii) The distance between the medial malleoli will be measured with medical femoral condyles touching each other.
- (iv) Any associated deformity of the feet or hip or genu recurvatum will be looked for at the same time.

- ### (b)
- (i) Milder degree of knock knee when the distance between the malleoli is not more than two inches will not be a bar to acceptance provided there is no other associated disability. This will be considered as a minor disability and recorded as such. The candidates should be able to stand to attention with shoes or boots without flexing over lapping of either knee.
 - (ii) Marked degrees of knock knee with the distance between the malleoli more than two inches will be unfit for acceptance.

(iii) If a candidate is able to stand to attention without flexion of knees irrespective of any intermalleolar measurements, such candidates can safely be declared as fit.

7. **DENTAL CONDITIONS**

It should be ensured that a sufficient number of natural and sound teeth are present for efficient mastication.

(a) A Candidate must have minimum of 14 dental points to be accepted as fit. In order to assess the dental condition of an individual, points are allotted as under for teeth in good apposition with corresponding teeth in the other jaw.

(i) Central incisor, lateral incisor, canine, 1st and 2nd premolars and under developed third molar 1 point each.

(ii) 1st and 2nd molar and fully developed third molar 2 points each. When all 32 teeth are present there will be a total count 22 points.

(b) The following teeth in good functional apposition must be present in each jaw:

(i) any four of the six anteriors

(ii) Any six of the ten posteriors

(c) Candidates suffering from severe pyorrhoea will be rejected. Where the state of pyorrhoea is such that if the opinion of the Dental Officer is that it can be cured without extraction of teeth, the candidates may be accepted.

8. **HEARING STANDARD**

Hearing will be tested by speech-test. Where required audiometric records will also be taken.

(a) **Speech test**

The candidate should be able to hear forced whisper with each ear separately standing with his back to the examiner at a distance of 610 cms, in a reasonable quiet room. The examiner should whisper with the residual air that is to say at the end of an ordinary expiration.

(b) **Audiometric Records**

The Candidate will have no loss of hearing in either ear at frequency 128 to 4096 cycles per second (Audiometry reading between +10 and -10)

9. **IT IS CERTIFIED THAT**

| | | |
|-----|---|-------|
| (a) | There is no evidence of weak constitution imperfect development, serious malformation or obesity | _____ |
| (b) | There is no maldevelopment or impairment of function of the bones or joints : X ray spline will be taken to find out maldevelopment | _____ |
| (c) | There is no impediment of speech | _____ |

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| | | |
|---|--|----------------|
| (d) | There is no malformation of the head, deformity from fracture or depression of the boned of the skull | _____ |
| (e) | There is no impaired hearing, discharge from or disease in either ear, unhealed perforation of the tympanic membranes or signs of acute or chronic suppurative otitis-media or evidence of radical or modified radical mastoid operation | _____ _____ |
| Note : A soundly healed performance without any impairment of the mobility of the drum and without impairment of hearing should not be a bar to acceptance. | | |
| (f) | There is no disease of the bones or cartilages of the nose or nasal polypus or disease of the nasopharynx and accessory sinuses. | _____ |
| (g) | There is no enlarged gland due to tubercular or due to other disease in the neck and other parts of the body and that the thyroid glands are normal. | _____ _____ |
| Note : Scars of operation are not cause of rejection provided that there has been no active disease within THE PRECEDING FIVE YEARS AND THE CHEST IS CLINICALLY AND REDILOGICALLY CELAR. | | |
| (h) | There is no disease of the throat palate, tonsils or gums or any disease or injury affecting the normal function of either mandibular joints. | _____ |
| Note : Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection. | | |
| (i) | There is no sign of functional or organic disease of the heart and blood vessels. | _____ |
| (j) | There is no evidence of pulmonary tuberculosis or previous history of this disease or any other chronic disease of the lungs. | _____ _____ |
| (k) | There is no evidence of any disease of the digestive system including any abnormality of the liver and spleen and there is no abdominal tenderness or palpation. | _____ |
| (l) | Inguinal hernia (unoperated) or tendency thereto will be a cause for rejection | _____ |
| Note : In the case of candidates who have been operated for hernia, they may be declared fit provided. | | |
| | (i) One year has elapsed since the operation (documentary proof is to be furnished by the candidate) | _____ |
| | (ii) general tone of the abdominal musculature is good; and | _____ |
| | (iii) there has been no recurrence of the hernia or complication connected with the operation | _____ |
| (m) | There is no hydrocele or definite varicocele or any other disease or defect of the genital organs. | _____ |
| Note : | | |
| (i) A Candidate who has been operated for a hydrocele will be accepted if there are no abnormalities of the cord and testicle and there is no evidence of filariasis: | | |
| (ii) Undescended intra-abdominal testicle on the one side should not be a bar to | | |

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| | | |
|-----|--|-------|
| | acceptance or candidates of admission to Sainik School provided the other testicle is normal and there is no untoward physical or psychological effect due to the anomaly. Undescended testis retained in the inguinal canal or at the external abdominal rind however may be a bar to acceptance unless corrected by operation | |
| (n) | There is no fistula and / or fissure of the anus of evidence of haemorrhoids | _____ |
| (o) | There is no disease of the kidneys. All cases of Glycosuria and Albuminuria will be rejected | _____ |
| (p) | There is no disease of the skin unless temporary or trival. Scars which by their extent or position cause or are likely to cause disability or marked disfigurement are a cause for rejection. | _____ |
| (q) | There is no active latent or congenital venereal disease. | _____ |
| (r) | There is no history or evidence of mental disease of the candidate or his family. Candidates suffering from epilepsy, incontinence of urine or enuresis will not be accepted. | _____ |
| (s) | There is no squint or morbid condition of the eye of the lids which is liable to a risk of aggravation or recurrence; and | _____ |
| (t) | There is no active trachoma or its complication and sequela | _____ |

It is certified that _____ (Name of Candidate)

S/o _____ has been examined by a medical Board of under mentioned Doctors as per the medical standards laid down in this preformed and he is found **Fit / Unfit** for admission to CMKP UP Sainik School Lucknowas a student.

- (a) ENT Specialist Dr _____
- (b) EYE Specialist Dr _____
- (c) Medical Specialist Dr _____
- (d) Surgeon / Dean Dr _____

Date _____
(SEAL)

Sign of District Civil Surgeon /
ChairmanBoard of Doctors

SPECIAL ATTENTIONFOR THE MEDICAL OFFICERS

The Board of Doctors carrying out the medical examination of the candidates should bear in mind that the State Government isspending considerable amount of the public funds on the education of girls/boys in the Sainik School. These boys are ultimately expected to join the National Defence Services. The training programme of the Sainik School requires a high degree of physical fitness. The boys found medically unfit at any time during their stay in the Sainik School are to be withdrawn.

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**MEDICAL FITNESS CERTIFICATE FOR CANDIDATES FOR THE ADMISSION IN
CMKP UP SAINIK SCHOOL LUCKNOW
(WITH REFERENCE TO NDA STANDARDS OF MEDICAL FITNESS)**

Roll No. _____
Name _____

Date of Birth _____

Self Attested Photograph
of the candidate is to
securely pasted here.

1. Physical development according to the age of the candidate

| | | |
|-------------------|---------------------|-----------|
| Height _____ | Weight _____ | Kgs |
| Chest Measurement | On full Inspiration | _____ cms |
| | On full Expiration | _____ cms |
| | Difference | _____ cms |

| | | |
|----|---|---|
| 2. | <u>BONE & JOINTS</u> Malformation Flat Foot Knock Knee etc. Impairment of function due to old fracture diseases Diseases of Bones or Cartilages | _____ _____ _____ |
| 3. | <u>MOUTH</u> Congenital Defect like cleft palate Hare lip, tongue etc. Dental Condition No of Teeth Condition Tonsils and adenoids Speech / Stuttering – Stammer etc. | _____ _____ _____ _____ |
| 4. | <u>NOSE</u> Abnormalities of shape, defective septum perforated septum, depressed septum Disease _____ Poly etc. | _____ _____ |
| 5. | <u>EYE</u> Lids (Evidence of Trachoma) Conjunctive Inflammatory condition Pterigium Pupils _____ Cornea <u>VISION</u> Distant Vision without glasses Distant Vision with glasses Near Vision without glasses Near Vision with glasses Colour vision | _____ _____ _____ _____ _____ _____ _____ |

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| | | |
|----|---|---|
| 6. | <u>EARS</u> Discharge from ear Unhealed perforation Evidence of Chronic Suppurative Otitis Media Hearing – Speech Test | _____ _____ _____ |
| 7. | <u>CVS</u> Function or Organic Defects Pulse Rate Exercise Tolerance Test (10Times) Sitting & Standing Exercise 2 minutes after exercise | _____ _____ _____ |
| 8. | <u>LUNGS</u> Respiratory Rate / Min Evidence of Respiratory Disease | ACUTE _____ CHRONIC _____ ALLERGIC _____ |
| 9. | <u>ABDOMEN</u> Liver _____ Hydrocele _____ Fistula in anus _____ | Spleen _____ Hernia _____ Fissure in anus _____ |
| 10 | <u>SKIN</u> Infection _____ _____ Chronic _____ | Allergic _____ |
| 11 | <u>INVESTIGATION</u> URINEME _____ _____ _____ | |
| 12 | <u>IDENTIFICATION MARKS</u> (a) _____ (b) _____ | |
| 13 | <u>GYNAECOLOGY (Only for Girl Candidate)</u> (a) Menstrual History _____ (c) Nos of pregnancies _____ (e) Nos of Children _____ (g) Vaginal Discharge _____ (j) USG Abdomen _____ | (b) LMP _____ (d) Nos of Abortions _____ (f) Date of last confinement _____ (h) Prolapse _____ |
| | Remarks: | |

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REMARKS OF MEDICAL BOARD

Medically _____(FIT/UNFIT) for admission to CMKP UP Sainik School Lucknow for the academic session 2025–26.

Place : _____

Dated : _____ (Seal) _____ CMO / Civil Surgeon,

NOTED BY CANDIDATE AND PARENTS/GUARDIAN

| | | | |
|--------------------------------|--|-------------------------------------|--|
| Name of Candidate | | Signature of Candidate | |
| Name of Father/Mother/Guardian | | Signature of Father/Mother/Guardian | |
| Gender | | | |
| Date | | | |