



Roll No. \_\_\_\_\_

Self attested  
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candidate is to securely  
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**CMKP UP SAINIK SCHOOL LUCKNOW**  
**ENTRANCE EXAMINATION 2024-25**

**MEDICAL EXAMINATION REPORT**

**PERSONAL STATEMENTS**

1. Name of the candidate in Full \_\_\_\_\_
2. Name of the Father / Guardian \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Age \_\_\_\_\_ 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 : \_\_\_\_\_

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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			<b>(for Female Candidate only)</b>		
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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**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 : .....



- (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, 1<sup>st</sup> and 2<sup>nd</sup> premolars and under developed third molar 1 point each.
  - (ii) 1<sup>st</sup> and 2<sup>nd</sup> 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	_____
<b>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.</b>		
(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.	_____
<b>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.</b>		
(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.	_____
<b>Note : Simple hypertrophy of the tonsils, if there is no history of attacks of tonsillitis is not a cause for rejection.</b>		
(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	_____
<b>Note : In the case of candidates who have been operated for hernia, they may be declared fit provided.</b>		
	(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.	_____
<b>Note :</b>		
<b>(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:</b>		
<b>(ii) Undescended intra-abdominal testicle on the one side should not be a bar to</b>		

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

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6.	<b><u>EARS</u></b> Discharge from ear Unhealed perforation Evidence of Chronic Suppurative Otitis Media Hearing – Speech Test	_____ _____ _____
7.	<b><u>CVS</u></b> Function or Organic Defects Pulse Rate Exercise Tolerance Test (10Times) Sitting & Standing Exercise 2 minutes after exercise	_____ _____
8.	<b><u>LUNGS</u></b> Respiratory Rate / Min Evidence of Respiratory Disease	ACUTE _____ CHRONIC _____ ALLERGIC _____
9.	<b><u>ABDOMEN</u></b> Liver _____ Hydrocele _____ Fistula in anus _____	Spleen _____ Hernia _____ Fissure in anus _____
10	<b><u>SKIN</u></b> Infection _____ _____ Chronic _____	Allergic _____
11	<b><u>INVESTIGATION</u></b> URINEME _____ _____ _____	
12	<b><u>IDENTIFICATION MARKS</u></b> (a) _____ (b) _____	
13	<b><u>GYNAECOLOGY (Only for Girl Candidate)</u></b> (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 2024–25.

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	
Date			