Schedule I: Pre Engagement Medical Examination for Designated Trades	



## इंडियन ऑयल कार्पोरेशन लिमिटेड (बिपणन प्रभाग)

# INDIANOIL CORPORATION LIMITED MARKETING DIVISION

शारीरिक स्वस्थता का मानदण्ड व पूर्व आबंधन चिकित्सा जाच शिक्षु अधिनियम, 1961 के तहत निर्दिष्ट ट्रेड<sup>:</sup> के अंतर्गत प्रशिक्षु के लिए

Criteria for Physical fitness and
Pre-engagement Medical Examination for Apprentices
Under Designated Trades
Under The Apprentices Act, 1961



#### **GUIDELINES**

- 1. The aim of this guideline is to engage an Apprentice, for a particular trade under the Apprentices Act 1961, who must be in good physical and mental health and must be free from any physical defect or disability that is likely to interfere with efficient performance of the duties and / or safety of the plants, machinery or co-workers.
- 2. Part-I contains Pre-engagement examination form to be filled by the candidate before Medical Examination (Page 3 to 4).
- 3. Part II contains guidelines for examining Doctor (Page 5 to 6).
- 4. Part III contains Investigation/Tests document to be filled by the examining Doctor (Page 7 to 10).
- 5. Part IV contains Medical Certificate to be filled and signed by the examining doctor and CMO or Civil Surgeon (Page 11).

#### Note:

- Medical Examination as prescribed under these guidelines will be conducted by Corporation's Medical
  officer / Authorized Medical Officer / Designated Nominated Hospitals only, who shall be the competent
  authority to certify a candidate as Medically Fit / Unfit / Temporarily Unfit. However, IOCL reserves
  the right to re-examine or review a medical report.
- A candidate found to be Temporarily Unfit means short term sickness which is curable within a period of not more than eight weeks. The examining doctor, on satisfying himself during re-examination that the short-term disease is cured, will declare the candidate to be Medically Fit.
- Candidates will be declared Temporarily Unfit for following conditions:
  - a) Hernia
  - b) Hydrocele
  - c) Haemorrhoids
  - d) Pregnancy of 24 weeks or more
  - e) Phimosis
  - f) Active Tuberculosis
  - g) Gall Stones
  - h) Renal Stone
  - i) Dyslipidemia
  - j) Perforation of Tympanic Membrane and CSOM
  - k) Leprosy (Hansen's disease)
  - 1) Any other condition, which the doctor feels, is curable within 8 weeks
- Physically challenged persons may be selected against the identified trade, where such persons can perform their duties with reasonable efficiency and without undue physical strain or hazard.
- The candidate except for the handicap must be within the normal range of all other physical standards.
- Dispute/Issue/Appeal pertaining to medical examination not covered/addressed under these guidelines shall be regulated under Guidelines and Criteria for Physical Fitness for Pre-employment medical examination of Indian Oil Corporation Limited.



Name:	
Roll No:	

#### PART I

#### TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION

Name:	Paste recent
Roll No:	size
Kuli 140.	photograph
Trade:	photograph duly attested
	by self
Date Of Birth:	

Answer all Questions: Put () Mark in the Column 'Yes'/ 'No'

S No.	Question	Yes	No
1	Are you on prolonged medication?		
	If Yes, specify:		
2	Are you allergic to any medicine?		
	If Yes, specify:		
3	Do you suffer from any of the following		
	High Blood Pressure		
	Heart Disease		
	Tuberculosis		
	Stroke (Paralysis due to Haemorrhage in brain)		
	Diabetes		
	Mental illness		
	Cancer		
	Any other disease, please specify:		
4	Do you take alcoholic beverages / intoxicants?		
5	Do you smoke or take tobacco?		
	If yes, how much every day?		
6	Do you have fainting spells?		
7	Do you become unusually short of breath when you walk upon flight of stairs?		
8	Have you had a cough that started in the last 6 months & remained more than a month?		
9	Have you ever vomited or coughed out blood?		
10	Do you have weakness or paralysis of either of your arms or legs?		
11	Do you ever feel so depressed that it interferes with your jobs or with your doing house work?		
12	Do you feel that you need medical or psychiatric help because of nervousness?		
13	Have you ever been rejected in Pre Engagement Medical Examination		
	If yes, name of the company, where you got appointment:		

14	Do / Did any of your family member(s) suffer(ed) from any of the
	following:
	High Blood pressure  H. A. D.
	<ul><li>Heart Disease</li><li>Tuberculosis</li></ul>
	<ul> <li>Stroke (Paralysis due to Haemorrhage in brain)</li> <li>Diabetes</li> </ul>
	Mental illness
	• Cancer
15	Do you have Hernia / Piles / Hydrocele?
16	Please specify significant information, if any, not covered above:
No. of Ch F P Histo	ry : Vasectomy / Tubectomy
	ation: Tetanus Toxoid: I II III Booster: I II
Hepatitis	B : I II III
Hepatitis	B : I II III
	B : I II III  GAGEMENT, IF ANY:
PAST ENC	GAGEMENT, IF ANY:  OF COMPANY NO. OF YEARS  NATURE OF JOBS  ANY OCCUPATIONAL HEALTH
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PAST ENC  NAME (  DECLARA  I declare that	GAGEMENT, IF ANY:  OF COMPANY NO. OF YEARS  NATURE OF JOBS  ANY OCCUPATIONAL HEALTH AILMENT  ATION BY THE CANDIDATE  at the above information is true and correct to the best of my knowledge and belief.
PAST ENC  NAME (  DECLARA  declare the  Date:	ATION BY THE CANDIDATE  at the above information is true and correct to the best of my knowledge and belief.  Signature of Candidate
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PAST ENC  NAME (  DECLARA  declare that  Date:  Place:	DF COMPANY NO. OF YEARS NATURE OF JOBS ANY OCCUPATIONAL HEALTH AILMENT  ATION BY THE CANDIDATE  at the above information is true and correct to the best of my knowledge and belief.  Signature of Candidate  PRINT OF LEFT HAND FINGERS
PAST ENC  NAME (  DECLARA  declare the  Date:	DE COMPANY NO. OF YEARS NATURE OF JOBS ANY OCCUPATIONAL HEALTH AILMENT  ATION BY THE CANDIDATE  at the above information is true and correct to the best of my knowledge and belief.  Signature of Candidate  PRINT OF LEFT HAND FINGERS
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NAME (  NAME (  DECLARA  declare the  date:	DF COMPANY NO. OF YEARS NATURE OF JOBS ANY OCCUPATIONAL HEALTH AILMENT  ATION BY THE CANDIDATE  at the above information is true and correct to the best of my knowledge and belief.  Signature of Candidate  PRINT OF LEFT HAND FINGERS



#### **PART II**

#### GUIDELINES FOR EXAMINIG DOCTOR AS PER SCHEDULE II, THE APPRENTICES ACT, 1961

#### (1) Standard of Physical Fitness for Training

A candidate should be free from evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.

#### (2) Height, Weight and Chest

Candidates would satisfy the following minimum standards, namely:---

Height: 137 centimetres; Weight: 25.4 Kilograms; Chest expansion should not be less than 3.8 centimetres irrespective of size of chest:

Provided that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act, 1961, he may be engaged as an apprentice in that trade.

#### (3) Eyes

There should be no evidence of any morbid condition of either eye or of the lids of either eye which may be liable to risk of aggravation of recurrence.

#### Standard of vision

#### (a) Visual acuity:

Candidates having vision in one eye shall be eligible to undergo Apprenticeship Training, except In the following seventeen trades, namely:---

(1)Electrician Aircraft (2)Watch and Clock Mechanic (3) Driver cum Fitter (4) Surveyor (5) Process Cameraman (6) Sirdar (7) Rigger (Engineering & Chemical Industry) (8) Shotfirer / Blaster (Mines) (9)Mate (Mines) (10) Mechanic Radio and Radar Aircraft (11) Ceramic Moulder (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical Worker

(1) The minimum standard of visual acuity for all trades shall be:

6/18 in each eye or 6/12 in one eye and 6/24 in the other eye without glasses or 6/9 with glasses in both eyes.

Candidates with vision in one eye only shall be rejected.

- (b) Colour Vision Not required.
- (4) **Ears:** Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.

- (5) Skin: There should be no evidence of acute or chronic skin disease or chronic ulceration.
- (6) **Speech:** Speech should preferably be without impediment.

#### (7) Alimentary system

- 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication.
- 2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area.
- 3. Liver should not be palpable or tender.
- 4. There should be no oral sepsis.
- 5. There should be no sugar in the urine.
- 6. Candidates should not be suffering from haemorrhoids, fissures in and fistula and hernia or bubonocele or ischio-rectal abscess or hydrocele.

#### (8) Cardio Vascular System

- 1. Blood Pressure should not exceed 85 diastolic and 140 systolic.
- 2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected.
- 3. There should be no sign of any cardiovascular disease.
- (9) **Respiratory System:** Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.
- (10) Genito Urinary System: There should be no evidence of genito urinary disease or any abnormality.

#### (11) Skeletal System

- 1. The function of all limbs should be within normal limits.
- 2. There should be no evidence of serious deformity of the spinal column or of the extremities.
- (12) **Nervous System:** There should be no evidence of any disease of nervous system or of any mental disease.
- (13) **Glandular System:** There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.



Name:	
Roll No:	

### PART III

INVESTIGATIONS		
LAB INVESTIGATIONS:		
URINE: ALBUMIN	SUGAR	
MICROSCOPY	STOOL:	
HAEMOGRAM		
Blood Group:	Rh factor: Hb TLC	_ RBC
DLC – P L E	M B Platelets Count_	
HEPATIC PROFILE		
SGPT:	SG	OT:
RENAL PROFILE		
Blood Urea:	S/0	Creatinine:
METABOLIC		
Blood Sugar – F:	Blood Sugar – PP:	S/uric acid:
OTHERS		
VDRL:		
OTHER INVESTIGATIONS:		
X-Ray Chest		
Others:		
PULMONARY FUNCTION TE	ST	
	FVC	FEV 1
Predicted		
Measured		
% of Predicted		

Remarks:

		500	1000	1500	2000	3000	4000	6000	8000	Name:
		300	1000	1300	2000	5000	4000	0000		Roll No:
	-10									
	0									
	10									
	20									
1	30									
<del>@</del>	40									
.E	50									
oss	60									
1.5	70									
1.5	80									
← Hearing Loss in dB	90									
	100									
	110									
	120									
	130									

Frequency in Hz →

AUDIOGRAM

AIR CONDUCTION BLUE LT EAR X 0 RED RT EAR

BONE CONDUCTION BLUE LT EAR > < REDRTEAR

## Name:.... TO BE FILLED IN BY THE DOCTOR Roll No:.... **GENERAL EXAMINATION:** HEIGHT:\_\_\_\_KG CHEST: INSPIRATION \_\_\_\_\_CM EXPIRATION:\_\_\_\_CM BLOOD PRESSURE: Answer all Questions: Put () Mark in the Column 'Yes'/ 'No' S No. Question Yes No **EYES**: Any evidence of any morbid condition of: 1 Either eye Lids of either eye Minimum standard of Visual Acuity 3 EARS: Hearing good in both ears Sign of Suppurative disease SKIN: 4 Evidence of acute or chronic skin disease Evidence of chronic ulceration SPEECH: 5 Impediment in speech **ALIMENTARY SYSTEM:** Natural teeth in healthy state for mastication Spleen is palpably enlarged Tenderness in the splenic area Liver is palpable or tender Evidence of oral sepsis

Evidence of Sugar in urine

Evidence of haemorrhoids

	Evidence of fissures in and fistula	
		Name:
	Evidence of hernia/bubonocele/ischio-rectal abscess/hydrocele	Roll No:
7	CARDIO VASCULAR SYSTEM	
	Evidence of any cardiovascular disease	
8	RESPIRATORY SYSTEM	
	Evidence of any respiratory system disease	
9	GENITO URINARY SYSTEM	
	Evidence of genitor urinary disease or any abnormality	
10	SKELETAL SYSTEM	
	Limbs are functioning within normal limit	
	Evidence of serious deformity of the spinal column or the extremities	
11	NERVOUS SYSTEM	
	Evidence of any disease of nervous system	
	Evidence of any mental disease	
12	GLANDULAR SYSTEM	
	Evidence of tuberculosis	
	Evidence of any disease of the glandular system	

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.(	dical Of



Roll No:	
Namo	

#### **PART IV**

MEDICAL CERTIFICATE					
We hereby certify that Shri / Smt. / Kum					
we do/do not consider this as disqualific	ation for the above trade.	rie, sile is lieleby declared, a	3.		
FIT	UNFIT	TEMPORARILY U	INFIT		
If He / She has been found to be Temporarily Unfit / Unfit on account of He / She may be directed to report to the undersigned for re-examination on					
Signature of Examining Doctor		Signature of Authorised Nor Civil Surgeon IOCL D	`		
Name:		Name:			
Registration No.		Registration No.			
Date:		Date:			
Seal:		Seal:			

Schedule II: Pre Engagement Medical Examination	n for Optional Trades



## Pre Engagement Medical Examination Format for Apprentices Under Optional trades

Applying as (Please tick on the trade you are applying for):

Graduate Apprentice/ Technician Apprentice/ Fresher Apprentice

Personal details to be filled by the Candidate (PLEASE USE BLOCK LETTERS)

Name:					
Age	Sex:				
Marital Status:	attested by the doctor conducting the examination				
Marks of Identification:_					
Any significant Medical H	istory hospitalization, surge	ery, injuries, sei	zure disorder etc. if yes details:		
Date:			Signature of candidate		
	nd Investigations to be fille ent/ Municipal Hospital or	•	Practitioner (MBBS)/ physician aving NABH Accreditation		
Weight:	Pulse:	Bloc	Blood Pressure:		
Respiratory system:	Heart Sound:				
Skin Examination: Norma	al/Acute Chronic Skin Dise	ase			
Vision test – Normal/Abr	normal Hearing (Both	n Ears)- Norma	l /Abnormal		
Complete Blood Count:					
Urine R&M:					
Any other findings:					
It is certified that Mr/Ms (whichever is applicable	) to join as Apprentice at	Indian Oil Corp	is fit/unfit poration Limited		
Date, Signature and stamp of the doctor	Address of the / Municipal/NAI	3H	Registration No. of the Doctor		