Indian Oil Corporation Ltd.
Guidelines and Criteria for Physical Fitness for Pre-Employment Medical Examination

1. AIM

1.1. The aim of these guidelines is to select for a particular post/position a person 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 plants, machinery or co-workers during the course of his service/engagement with Indian Oil Corporation Ltd (IOCL).

2. SCOPE:

2.1. Any person being considered for appointment in any post in Indian Oil Corporation Limited whether in permanent, trainee, tenure, temporary or on deputation and also a person being considered for engagement with the Corporation as Graduate Apprentice Engineer (GAE) shall be required to undergo medical examination in terms of these guidelines for being declared “FIT” for the said position.

2.2. An employee already in the service of the Corporation, who is selected for different post, whether on the basis of open recruitment or other-wise, employees of Central Govt., State Govt. and public-sectors joining the Corporation will also be required to undergo medical examination under these guidelines.

3. PROCEDURE FOR MEDICAL EXAMINATION:

3.1. The Authority issuing an offer of appointment to a candidate joining the services of the Corporation or accepting engagement as Apprentice, shall attach the format prescribed for undertaking the medical examination. Medical Examination, as per the said format will be mandatory.

3.2. Candidate offered appointment/engagement shall be required to paste his/her recent passport size photograph in the space provided in the format at the time of undergoing medical examination. The photograph shall be mandatorily signed and stamped by the examining Doctor. The signature of the candidate shall also be attested by the examining/certifying doctors.

3.3. Examining doctor shall also get the fingerprint impressions of all the fingers of the left hand of the candidate in the space provided for the same and ensure that the candidate puts his/her signature in the space(s) provided, before himself signing the certificate. In cases where medical examination is conducted by Corporation’s Medical officer(s), the same shall also be signed by the Chief Medical Officer of the Unit.

3.4. Formats/Certificates not meeting the requirements mentioned at 3.2 and 3.3 shall be rendered invalid.
3.5. Medical Examination as prescribed under these guidelines will be conducted by Corporation’s Medical officer(s) or by a Doctor in a Government Hospital not below the rank of Civil Surgeon or by an Authorised Medical Officer of a Hospital nominated by the Corporation, who shall be the only competent authorities to certify a candidate as Medically Fit/Unfit/Temporarily Unfit. IOCL reserves the right to re-examine or review any medical report. If the pre-employment medical examinations are conducted by other than Corporation’s Medical Officer, the reports will again be physically verified by the Corporation’s Medical Officer/Empanelled/Retainer doctor at the time of joining of the candidate before he/she is finally declared medically “FIT/UNFIT”. Corporation’s Medical Officer/Empanelled/Retainer doctor may advice to repeat one or more clinical tests, as deemed fit, based on the candidate’s clinical assessment. The decision of Corporation’s Medical Officer/Empanelled/Retainer doctor with regard to Fitness of any candidate in respect of any position will be considered as final.

3.6. Where facilities for conducting certain medical examination/tests are not available, at the discretion of the examining medical authority, the candidate will be referred to a competent medical practitioner/specialist/laboratory for getting the same done as per the format prescribed.

3.7. In cases where medical examination/tests are conducted on advice of designated authority and for which payment for examination/tests has been made by the candidate, Corporation shall reimburse the charges for consultation & tests on production of necessary money receipts, irrespective of the candidate being found medically “FIT/UNFIT”. However, such reimbursement will be restricted to the approved standard norms of the Corporation.

3.8. The Authorised Medical Officer(s) will complete the pre-employment medical examination fitness certificate as given in the Pre-Employment Medical Examination in the formats prescribed declaring the candidate “FIT” or “UNFIT” or “TEMPORARILY UNFIT”, as the case may be. If the pre-employment medical test is conducted at any of IOCL’s hospital/ medical facilities, the medical department will retain the medical report for Occupational Health Records.

3.9. Where a candidate is found to be temporarily unfit by reason of short term sickness which is curable within a period of not more than 3 months [excluding pregnancy, tuberculosis and leprosy (Hansen’s Disease) cases], the candidate will be informed by Medical department for re-examination in the prescribed form. The reasons for being declared temporarily unfit shall be recorded by Medical Department in Pre-Employment Examination in the format prescribed. The examining Medical Officer may advise the candidate to appear for re-examination after a specific period (not exceeding 3 months, except pregnancy, tuberculosis and leprosy cases) depending on the nature of ailment. Upon re-examination, the examining doctor, on satisfying himself that the short-term reason for unfitness is rectified, will declare the candidate to be medically Fit. Upon re-examination, if a candidate is still found to be medically un-fit, the examining Medical Officer may advise a new date (not exceeding maximum 3 months from the date of first examination) for re-examination.

3.10. Where a Person with Benchmark Disability (PwBD) is selected, he/she may be declared "PwBD but fit" if,
3.10.1. Except for the benchmarked disability, he/she satisfies all other physical standards as prescribed and

3.10.2. Considering the nature of duties and responsibilities of the job, location, hazard, strain and other factors, the disability is not likely to interfere with the performance of duties of the post with reasonable efficiency and without possible deterioration of his/her health.

3.10.3. Any change in the nature of the job of this category will require re-medical examination for ascertaining suitability of the candidate for the job.

3.11. Detailed history of the candidate will be recorded in the medical examination forms which will include Personal history, Family history, Occupational history and Past history of previous illnesses, accidents and surgeries.

3.12. Defects if any, Congenital or Acquired, will be recorded in the medical examination forms, with a clear opinion as to whether it is likely to interfere with the efficient performance of the duties for which the candidate is under consideration for employment/engagement.

3.13. Medical examination report in the prescribed format for all candidates shall be filled by the examining doctor. In case of Refinery Hospital, the report shall be sent to the concerned HR Head of the Unit/Region. The Head of HR shall suitably inform the candidate the findings of the medical examination in the format prescribed, with advice as may be necessary based on the candidate being found fit or unfit or temporarily unfit.

4. GENERAL EXAMINATION

The following shall be important parameters to be considered by the Examining Doctor:

4.1. **Chest:** Minimum in full expiration 79 cm for male, minimum expansion 4 cm (not applicable to female candidates)

4.2. **Blood Pressure:** Normotension < 140 mm of Hg. SBP and < 90 mm of Hg. DBP. Candidate diagnosed as Hypertensive will be further investigated. Abnormal Blood Pressure causing adverse effect on target organs shall be a disqualification.

4.3. **Adenopathy:** Any Lymph-adenopathy should be thoroughly investigated to rule out any chronic Granulomatous disease like Tuberculosis, Sarcoidosis and Blood Dyscrasias.

4.4. **Heart:** Dextrocardia without any symptoms per se is not a disqualification for employment, however presence of other congenital anomalies should be examined, and decision for fitness should be taken accordingly.

4.5. **Eyes:** Fundus examination should be carried out by Ophthalmologist.

4.5.1. **Colour Vision:** Colour vision including pink colour perception shall be tested in good normal light for all candidates through Ishihara test or any other recognized/admissible test including Pink perception test.

4.5.2. **Night blindness**

4.5.3. Presence of Squint leading to refractive error/ vision impairment

4.5.4. One Eye Functional
4.6. **Hearing:** A candidate should be free from any progressive disease of the ear and necessary audiometer tests shall be carried out to determine the same.

Audiometric screening to measure the pure tone air conduction and bone conduction hearing threshold must be done for each candidate so that a baseline data remains for further reference.

4.7 **Pregnancy:** Pregnant candidates, at the time of medical examination, will not be barred from joining, if found FIT in all criteria mentioned in the PEME guidelines except those that are affected due to pregnancy.

The candidate will be required to undergo a fresh medical examination, 3 (three) months after delivery or maximum period of 12 (twelve) months from the date of original medical examination. In case of miscarriage, the period of re-examination would be 8 (eight) weeks after miscarriage.

Re-examination would be of only those criteria of fitness that were exempted earlier.

The following tests/examinations of the PEME guidelines shall not be insisted upon at the time of joining

1. Radiological examination (Clause 4.9 of the PEME guidelines)
2. Lung Function test (Clause 4.12 of the PEME guidelines)
3. Weight (Clause 6.2 of the PEME guidelines)
4. Genito Urinary System (part of Form B of PEME format)
5. Test specifically done for female candidates (part of Form B of PEME format)

However, upon joining and after the specified time period (3 months extended upto 12 months if required or 8 weeks as the case may be), such candidates would undergo the above-mentioned tests and their continuance in service would depend upon their qualifying as ‘FIT’ as per the laid down guidelines for these tests as per the extant PEME guidelines.

4.8 **Urine:** If albumin, sugar or any other abnormality detected, further laboratory test will be conducted to determine the cause.

4.9 **Radiological Examination:** Fresh x-ray chest (PA View) is must for all candidates. The examining Doctor shall order/conduct any other radiological investigation that shall be required/ felt necessary. Reports of all Radiological investigations must be within normal limits.

4.10. **Central Nervous System:** Tests for Central Nervous System should be carried out for all candidates. To be observed for - Sensory System, Motor System, Reflexes, Coordination, Gait and Tremor.

4.11. **Mental Status Examination:** To be observed for Appearance, Behaviour, Mood, thought Process.

4.12. **Lung Function Tests:** These will be done for all candidates.

4.13. **Bronchial Asthma:** Uncontrolled Bronchial Asthma with adventitious sound

4.14. **BT** (Bleeding Time) and **CT** (Clotting Time) shall be done if felt necessary for reasons to be recorded in writing.
4.15. **Other investigations**: Biochemical tests, ECG, Ultra-sonography of whole abdomen and other special investigations will be done as per routine and any deviations from the normal limits will be properly investigated to rule out any disease condition and before declaring the candidate Fit.

4.16. **Skin**: Oil Acne and Occupational dermatoses.

### 5. TEMPORARY UNFITNESS

Candidates will be declared Temporarily Unfit for following conditions, for a period not exceeding a maximum period of 3 months from 1st examination [except cases of tuberculosis and Hansen’s disease (leprosy)]:

- 5.1 Hernia
- 5.2 Hydrocele
- 5.3 Haemorrhoids
- 5.4 Phimosis
- 5.5 Tuberculosis (upto a maximum of 12 months)
- 5.6 Gall Stones
- 5.7 Renal Stone
- 5.8 Dyslipidemia
- 5.9 Perforation of Tympanic Membrane and CSOM
- 5.10 Leprosy (Hansen’s disease) (upto a maximum of 12 months)
- 5.11 Veneral diseases till detailed examination of urethral smear and serological test proves negative.
- 5.12 Any other condition, which the doctor feels, is curable within 3 months.

Candidates have been declared Temporary Unfit, have to be re-tested to determine fitness and an expert opinion to be established on whether the above applicable conditions, would not result in complications leading to reduced ability to perform the assigned tasks.

### 6. DISQUALIFICATIONS: Following will be considered as disqualification: -

#### 6.1. Height:

For Males -- Height lesser than 147.0cm (Relaxable by 5 cms in case of Garhwalis, Assamese Gorkha)

For Females -- Height lesser than 142.5cm (Relaxable by 2.5 cms in case of Garhwalis, Assamese Gorkha )

(However, any height less than 147cms should be investigated for Dwarfism. It is to be ascertained that the short-height is not due to any endocrinal disease or medical anomaly or other genetical reasons).

#### 6.2. Weight:

- 6.2.1 Weight less than 40 Kgs.
- 6.2.2 BMI beyond 30 with systemic involvement for candidates upto 35 years of age
6.3. **Chronic diseases**

6.3.1. Candidates with chronic/pre-cancerous lesions of mouth/oral cavity will be extensively examined to rule out effect on target organs.

6.3.2. Candidates having virus infections or other conditions resulting in parameters found in medical tests beyond normal range may be declared temporarily unfit for a specified period of time maximum upto 3 months (excluding pregnancy, tuberculosis and leprosy). Such candidates may be re-tested to determine chronic infection and an expert opinion established whether such chronic infection may result in complications leading to reduced ability to perform the assigned tasks.

6.4. Hypertension causing adverse effect on target organs (Left Ventricular Hypertrophy/ Hypertensive Retinopathy/ Hypertensive Nephropathy or any other related condition)

6.5. Ischaemic Heart Disease.

6.6. Organic/Valvular/Congenital Heart Disease or any chronic heart disease with definite clinical signs & symptoms. Benign Cardiac Arrhythmia will not be a disqualification. However, in case of doubt, further investigations to be carried out.

6.7. Chronic Obstructive Pulmonary Disease (COPD), Stage III or above.

6.8. History of Lobectomy/ Pneumonecctomy.

6.9. Seizure disorders, Parkinsonism, Ataxia, Psychosis or any other Major Neurological Disorder.

6.10. Cirrhosis, any Hepatic progressive deteriorating condition which may lead to long term illness & ultimately lead to Hepatic failure

6.11. Chronic renal failure

6.12. Candidate possessing single functional kidney, will not be disqualified if the single kidney is functioning at 80% or above. Such cases have to be evaluated for CT-KUB region, Renal function Test, HBA1C (Glycosylated Hemoglobin), DTPA Renogram. A clearance certificate from Nephrologist should also be required.

6.13. Deformity of Spine or any limb, congenital or acquired that will impediment efficient discharge of duties.

6.14. Hypertension – Abnormal Blood Pressure causing adverse effect on target organs shall be a disqualification

6.15. Diabetes with complications e.g. Macro and Micro vascular complications, Nephropathy, Retinopathy, Neuropathy etc.

6.16. Thyrotoxicosis and Pituitary disorders.

6.17. **Ear:**

6.17.1. Unable to hear whispering voice at a distance of 2 feet in both ears.
6.17.2. Decreased hearing of sensorineural or conductive type 50 dB or more at 4000 Hz upto 35 years of age in both the ears (Noise induced hearing loss).

6.17.3. Decreased hearing of sensorineural or conductive type 60 dB or more at 4000 Hz beyond 35 years of age in both the ears (Noise induced hearing loss).

6.17.4. AB gap more than 50 dB for all age groups in both ears.

6.17.5. Bilateral Nerve Deafness above 60 dB should be considered disqualification for all categories

6.18. **Eye:**

6.18.1. Visual Acuity for Both eyes: Visual Acuity outside the Range below (with or without glasses/contact lense/IOL/Implantable contact lenses):

<table>
<thead>
<tr>
<th>Age</th>
<th>Distant Vision</th>
<th>Near Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Better Eye</td>
<td>Worse Eye</td>
</tr>
<tr>
<td>Below 35 Yrs</td>
<td>6/12</td>
<td>6/12</td>
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<tr>
<td></td>
<td>or</td>
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<td></td>
<td>6/9</td>
<td>6/18</td>
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<tr>
<td>35 Yrs and more</td>
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<td>6/18</td>
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<td>or</td>
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<td></td>
<td>6/12</td>
<td>6/24</td>
</tr>
</tbody>
</table>

6.18.2. Fundus
   a. Any progressive pathological condition
   b. Vitreous or Chorioretinitis
   c. Any Retinal disease in Diabetes, Hypertension, Atherosclerosis
   d. Corrected Myopia (including the cylinder) and Hypermetropia in each eye:

<table>
<thead>
<tr>
<th></th>
<th>Upto 35 Years</th>
<th>Beyond 35 Years</th>
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</thead>
<tbody>
<tr>
<td>(-) 7.5 D</td>
<td>(+) 4 D</td>
<td>(-) 7.5 D</td>
</tr>
<tr>
<td>(+) 6 D</td>
<td></td>
<td>(+) 6 D</td>
</tr>
</tbody>
</table>

6.18.3. Glaucoma


6.20. **Skin :**

6.20.1. Pemphigus


6.22. Any Collagen disease like SLE, Polyarteritis nodosa and Wegenier’s Granulomatosis. ANA Test to be carried out for elimination of chances of collagen diseases.

6.23. Auto-immune diseases

6.26. Mental retardation
6.27. Any organ transplant except corneal transplant
6.28. Adenopathy – any chronic Granulomatous disease like Tuberculosis, Sarcoidosis.

7. **RECRUITMENT FOR FIRE & SAFETY:**
   In addition to the physical and medical standards applicable to other candidates, persons to be recruited for Fire & Safety will have to additionally meet the following physical and medical standards:

7.1 **Height:**
   Male: Minimum 165 cms. (Relaxable by 5 cms in case of Garhwalis, Assamese Gorkha and members of Schedule Tribe)
   Female: Minimum 157 cms. (Relaxable by 2.5 cms in case of Garhwalis, Assamese Gorkha and members of Schedule Tribe)

7.2 **Chest:**
   Male: 81 cms Unexpanded and 86 cms Expanded (Fully expanded with minimum 5 cms Expansion)

7.3 **Weight:**
   Male: Minimum 50 Kgs.
   Female: Minimum 46 Kgs.

Disqualification:
   BMI beyond 28 with systemic involvement for candidates upto 35 years of age
   BMI beyond 30 with systemic involvement for candidates above 35 years

7.4 **Medical Standards:** For both Male and Females:
   a) Vision – Better Eye – 6/6 without aid (Eligible vision – 6/6 only) Worse eye – 6/12
      Near Vision – Better Eye – Sn/0.6, Worse Eye - Sn/0.6
   b) No Colour Blindness
   c) No Night Blindness
   d) Must not have knock knee, flat foot, squint eyes, one eye functional and stammer

8. **RECRUITMENT OF PERSONS WITH DISABILITIES**

8.1. Persons with following Benchmark Disabilities
   8.1.1. Blindness and low vision
   8.1.2. Deaf and hard of hearing
   8.1.3. Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy
   8.1.4. Autism, intellectual disability, specific mental illness
8.1.5. Multiple disabilities from amongst persons under clauses 8.1.1 to 8.1.4 including deaf-blindness

And with prescribed induction level qualification except Fire & Safety may be recruited as per fair assessment of his/her ability/disability provided:

8.1.6. The candidate except for the handicap must be within the normal range of all other physical standards, prescribed for the identified post.

8.1.7. The Division/Unit shall identify the posts in respective areas, where a person, with disability, and selected as an officer/non-officer, can be posted upon recruitment/promotion.

8.1.8. The identified posts shall be such where a PwBD can perform his/her duties with reasonable efficiency and without undue physical strain or hazard.

8.1.9. The nature of duties and responsibilities of the job, location, hazard, strain and other factors will not lead to possible deterioration of his/her health.

8.1.10. Any change in the nature of the job of this category will require re-medical examination for ascertaining suitability of the candidate for the job.

9. LIABILITY TO DECLARE

9.1. A candidate found “UNFIT” for a position during medical examination by any other location/refinery unit of the Corporation or a Govt. Authority or any other PSU, shall be required to declare his medical condition with reasons for being declared “UNFIT” if the candidate applies/seeks employment/engagement at any other location/post of the Corporation. Suppression of such information, may render a candidature liable for rejection.

10. APPEAL:

10.1. If a candidate is not satisfied with the outcome of the medical examination, the candidate may apply to the appointing authority for reconsideration. If the appointing authority is satisfied that there should be a review, reconsideration/re-examination, a medical board will be constituted consisting of: (a) The Head of the Medical department of the unit, (b) One Doctor of the Corporation, (c) One concerned Specialist and (d) One Government Doctor not below the rank of District Chief Medical Officer or his representative.

10.2. The application for reconsideration is to be submitted within two weeks from the communication of the result of the medical examination to the candidate.

10.3. A sum of Rs. 2000/- (Rs. Two thousand only) is to be deposited with the Corporation by the candidate for reconsideration/re-examination. This amount will be refunded, only if the candidate is declared fit on re-evaluation by the medical board.

10.4. All expenses on travel, accommodation etc. in connection with re-examination will be borne by the candidate if declared “UNFIT” by the Board.

10.5. The decision of the board will be final and binding on both the parties.
# INDIAN OIL CORPORATION LIMITED

## PRE-EMPLOYMENT MEDICAL EXAMINATION FORM – PART-I

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Candidate to paste recent passport size photograph duly attested by self and examining doctor</th>
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<tbody>
<tr>
<td>Post considered for:</td>
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<tr>
<td>Name in full:</td>
<td>( in Block Letters)</td>
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<tr>
<td>Date of Birth</td>
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<td>Sex</td>
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<td>Father / Husband’s Name</td>
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<td>Mother’s Name</td>
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<td>Address</td>
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</table>

Identification Mark:

(I)___________________________________________________
(II)__________________________________________________

Date: ________________________________

Signature of Candidate

Signature of Examining Doctor:

*Photograph and signature of the candidate to be attested by the examining doctor*
TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION

Permanent Address

Present Address

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

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

Date:  
Signature of Candidate
If yes, name of the company, where you got appointment:

<table>
<thead>
<tr>
<th>14</th>
<th>Do / Did any of your family member(s) suffer(ed) from any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ High Blood pressure</td>
</tr>
<tr>
<td></td>
<td>☐ Heart Disease</td>
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<td></td>
<td>☐ Tuberculosis</td>
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<td></td>
<td>☐ Stroke (Paralysis due to Haemorrhage in brain)</td>
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<td></td>
<td>☐ Diabetes</td>
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<td></td>
<td>☐ Mental illness</td>
</tr>
<tr>
<td></td>
<td>☐ Cancer</td>
</tr>
</tbody>
</table>

| 15 | Do you have Hernia / Piles / Hydrocele?                                  |

| 16 | Please specify significant information, if any, not covered above:      |

Marital History: Single / Married / Widowed / Widower / Divorced
No. of Children: Male ___________ Female ___________
F P History: Vasectomy / Tubectomy

<table>
<thead>
<tr>
<th>Immunization: Tetanus Toxoid:</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>Booster: I</th>
<th>II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B:</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAST EMPLOYMENT, IF ANY:

<table>
<thead>
<tr>
<th>NAME OF COMPANY</th>
<th>NO. OF YEARS</th>
<th>NATURE OF JOBS</th>
<th>ANY OCCUPATIONAL HEALTH AILMENT</th>
</tr>
</thead>
</table>

Whether Found Medically FIT/UNFIT
Details of the Ailments

DECLARATION BY THE CANDIDATE:

I declare that the above information is true and correct to the best of my knowledge and belief.

Date: ________________
Place: ________________
Signature of Candidate

FINGER PRINT OF LEFT HAND FINGERS

<table>
<thead>
<tr>
<th>Little Finger</th>
<th>Ring Finger</th>
<th>Middle Finger</th>
<th>Index Finger</th>
<th>Thumb</th>
</tr>
</thead>
</table>

Date: __________________
Signature of Examining Doctor
**PRE-EMPLOYMENT EXAMINATION PART – II**  
(to be filled by the Doctor)

**GENERAL EXAMINATION:**
- **HEIGHT:** _______________ CM
- **WEIGHT:** _______________ KG
- **BMI:** ________________
- **CHEST:** INSPIRATION _________ CM.  
  EXPIRATION: ___________ CM.
- **BUILT:** AVERAGE/ STRONG/ POOR
- **THROAT:** ____________
- **TONGUE:** ____________
- **TONSILS:** ____________
- **TEETH:** ____________
- **GUMS:** ____________
- **THYROID:** ____________
- **LYMPH NODES:** ________________________________
- **ADDITIONAL FINDINGS:** __________________________________________

**CARDIO-VASCULAR SYSTEM:**
- **PULSE:** ___ / MIN.  REGULAR/ IRREGULAR PERIPHERAL PULSE – FELT/ NOT FELT
- **B.P.:** ___________ mm of Hg.
- **HEART SOUND:** __________________________________________
- **MURMUR, IF ANY:** __________________________________________
- **ADDITIONAL FINDING (S), IF ANY:** ____________________________

**RESPIRATORY SYSTEM:**
- **SHAPE OF CHEST:** ________________________________
- **CHEST MOVEMENTS:** ______________________________________
- **TRACHEA:** ________________
- **BREATH SOUNDS:** __________________________________________

**GASTRO-INTESTINAL SYSTEM:**
- **LIVER:** ________________________________
- **SPLEEN:** ____________________________
- **ANY ABDOMINAL LUMPS:** ____________________________________

**EXAMINATION OF EYES:**
- **EXTERNAL EXAM.:** ________________________________
- **SQUINT:** ________________________________
- **NYSTAGMUS:** __________________________________________
- **COLOUR VISION – NORMAL/ DEFECTIVE**
  - **FUNDUS (L):** ________________
  - **FUNDUS (R):** ________________
- **INDIVIDUAL COLOUR IDENTIFICATION – NORMAL/ DEFECTIVE**
- **DISTANT VISION (WITHOUT GLASSES):**
  - **RIGHT:** ________________
  - **LEFT:** ________________
- **DISTANT VISION (WITH GLASSES):**
  - **RIGHT:** ________________
  - **LEFT:** ________________

**Date:** ____________  
**Signature of Examining Doctor:** ________________

4/8
<table>
<thead>
<tr>
<th>NEAR VISION (WITHOUT GLASSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT ______________________</td>
</tr>
<tr>
<td>(WITH GLASSES) RIGHT ______</td>
</tr>
<tr>
<td>POWER OF GLASSES ______</td>
</tr>
<tr>
<td>NIGHT BLINDNESS: (NYCTALOPIA): __________________</td>
</tr>
<tr>
<td>PINK PERCEPTION TEST: __________________</td>
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<table>
<thead>
<tr>
<th>EXAMINATION OF EAR, NOSE &amp; THROAT:</th>
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<tbody>
<tr>
<td>EXTERNAL EXAM: __________________</td>
</tr>
<tr>
<td>AUROSCOPY – RIGHT ______</td>
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<tr>
<td>TUNING FORK TESTS –</td>
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<tr>
<td>RINNES TEST ______</td>
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<tr>
<td>CONVERSATIONAL HEARING / WHISPERING: __________________</td>
</tr>
<tr>
<td>AUDIOMETRY (AIR AND BONE CONDUCTION) __________________</td>
</tr>
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<thead>
<tr>
<th>GENITO URINARY SYSTEM: (NOT FOR PREGNANT LADIES – refer clause 4.7 of PEME guidelines)</th>
</tr>
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<tbody>
<tr>
<td>HERNIA: ______</td>
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<tr>
<td>CRYPTORCHIDISM ______</td>
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<td>VARICOSE VEINS ______</td>
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<thead>
<tr>
<th>FOR FEMALE CANDIDATES (NOT FOR PREGNANT LADIES - refer clause 4.7 of PEME guidelines)</th>
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<tbody>
<tr>
<td>MENSTRUAL HISTORY</td>
</tr>
<tr>
<td>MENARCHE AT ______ YRS.</td>
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<tr>
<td>LMP - ____________________________________________</td>
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<thead>
<tr>
<th>PELVIC EXAMINATION ( FOR MARRIED WOMEN ONLY)</th>
</tr>
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<tbody>
<tr>
<td>VULVA: ______</td>
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<tr>
<td>UTERUS: __________________</td>
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<tr>
<td>PAP SMEAR: __________________</td>
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Date: ___________________________ Signature of Examining Doctor: ___________________________
INVESTIGATIONS

LAB INVESTIGATIONS:

URINE: ALBUMIN ______________________ SUGAR ______________________
MICROSCOPY ______________________ STOOL: ______________________

HAEMOGRAM
Blood Group:_______ Rh factor:_______ Hb _______ TLC _______ RBC _______

DLC – P L ______________________

HAEMOGRAM

Blood Group:_______ Rh factor:_______ Hb _______ TLC _______ RBC _______

DLC – P L ______________________

LIPID PROFILE
Serum cholesterol: _______ S/Triglycerides
HDL _______ LDL _______

HEPATIC PROFILE
SGPT: _______ SGOT: _______
Alkaline Phosphatase: _______

RENAL PROFILE
Blood Urea: _______ S/Creatinine: _______

METABOLIC

Bleeding Time: _______ Clotting Time: _______

OTHERS
VDRL: _______

OTHER INVESTIGATIONS:
X-Ray Chest ___________________________________________________________
Ultrasound Whole Abdomen _____________________________________________
ECG _______________________________________________________________
Central Nervous System ________________________________________________
Mental Status Examination _____________________________________________
Others: _____________________________________________________________

PULMONARY FUNCTION TEST

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<tr>
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<td>Predicted</td>
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<tr>
<td>Measured</td>
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<tr>
<td>% of Predicted</td>
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Remarks: ______________________

Date: ______________________ Signature of Examining Doctor

6/8
**AUDIOPGRAM**

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<th>1500</th>
<th>2000</th>
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Frequency in Hz

**AIR CONDUCTION**
- BLUE LT EAR X
- RED RT EAR

**BONE CONDUCTION**
- BLUE LT EAR >
- < RED RT EAR

**ADDITIONAL INVESTIGATION FOR MORE THAN 35 Yrs. OF AGE (MALE):**

1. TMT
2. ECHO
3. U/S PROSTATE

**Date:**

**Signature of Examining Doctor**
PRE-EMPLOYMENT EXAMINATION PART- III

Medical Certificate

We hereby certify that Shri / Smt. / Kum ________________________________,
a candidate for appointment in Indian Oil Corporation Limited, ________________,
as ______________ at ______________ has been examined by us, we cannot
discover that he / she has got any disease, communicable or otherwise, constitutional or bodily
deformity except ______________________________________.

We do/do not consider this as disqualification for the above post as per Clause No._____

He/ She is hereby declared, for the above post, as:

☐FIT ☐UNFIT ☐TEMPORARILY UNFIT

Signature of Examining Doctor

Signature of Chief Medical Officer
or Civil Surgeon/Authorised Medical
Officer of Nominated Hospital

Name: Name:
Registration No.: Registration No.
Date: Date:
Seal: Seal:

FOR USE OF IOCL’S DOCTOR/IOCL EMPANELLED DOCTOR

Shri / Smt. / Kum ______________________________ does/does not have any congenital or acquired defects to
interfere in efficient performance of the duties by the candidate.

☐FIT ☐UNFIT ☐TEMPORARILY UNFIT

Remarks ___________________________________________________________

________________________________________________________

Date: Signature of Competent Medical Authority