

# MEDICAL INSPECTION REPORT

(Applicable to all Ranks)

Name .....

Apparent age .....years.....months

Height.....feet.....inches

\*Chest measurements { Girth when fully expanded.....inches  
Range of expansion.....inches

Vision.....

Physical development.....

\* Chest measurement will be obtained by adjusting the tape so that its posterior upper edge touches the inferior angles of the shoulder blades and its anterior lower edge the upper part of the nipples, while the arms hang loosely by the side.

### *Certificate of Medical Examination*

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations. He can see at the required distance with either eye; his heart and lungs are healthy; he has free use of his joints and limbs; he does not suffer from hernia; and declares that he is not subject to fits of any description.

I consider him\* ..... For the Territorial Force.

Date.....

Place..... *Medical Officer*

Note: Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing certificate only in the case of those who have been attested and will briefly state below the cause of unfitness.

### *Certificate of Primary Medical Examination*

I hereby certify that the above named Recruit was inspected by me and I consider him ..... for service in the ..... And that due care has been exercised in his enlistment.

Date.....

Place..... *Medical Officer*

### *Certificate of Approving Officer*

I hereby certify that this Attestation of the above named Recruit is correct and I accordingly approve and appoint him to the .....

Date.....

Place..... *Approving Officer*