



நன்னடத்தை பாதுகாவல் மற்றும் சிறுவர் கவனிப்பு சேவைகள் திணைக்களம்
පරිවෘතන හා දරුවන් සේවා දෙපාර්තමේන්තුව

DEPARTMENT OF PROBATION AND CHILD CARE SERVICES

Medical Examiner's Report

Name of the Child Development Center's Staff					
NIC No			Date of Examination		
Signature of the Staff					
Description of the Staff					
Weight		Height		BMI	
1. Remarks on stature (general Conformation) and apparent general health?					
2. Is the weight in proportion?					
3. Is there any peculiarity or deformity in conformation?					
Circulation					
1. Is the condition of the heart healthy and normal in every respect? If not, note any abnormal condition					
2. What is the rate and character of the pulse?					
3. Blood pressure					
Respiration					
1. Is the condition of the lungs healthy and normal in every respect? (if not, note any abnormal condition)					
2. Special test for tuberculosis Mantoux/X-Ray					

Digestion	
<ol style="list-style-type: none"> 1. State of tongue, teeth, gums, faces and nasal passages 2. State of liver, spleen and other abdominal organs 3. Whether subject to hemorrhoids 	
Examination of Urine	Reaction - Specific Gravity - Albumen - Sugar - Deposit -
Nervous Function	
<ol style="list-style-type: none"> 1. Any traces of paralysis, convulsion 2. Are knee jerks and pupils abnormal 3. Mental / Depressive illness 4. Behavior of the individual Smoking/alcohol 	
Any Defects of <ul style="list-style-type: none"> • Vision • Hearing • Speech 	<ol style="list-style-type: none"> 1. without glasses - R L 2. with glasses - R L 3. Colour vision R L
Skin	
<ol style="list-style-type: none"> 1. Rashers/ Nodules /hypo pigmented patches 2. Staff for leprosy 	

1. Has the staff been successfully vaccinated 2. Are there varicose veins or any severe affection of the skin 3. Are hernia, hydrocele, varicocele present 4. Any trace of any venereal disease	
Signature of the Medical Officer	