



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, 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 the plants, machinery or co-workers.

2. SCOPE:

- 2.1 Any person seeking appointment in the Indian Oil Corporation Ltd. whether in a permanent, temporary or deputation basis shall be required to undergo medical examination.
- 2.2 The Pre-employment medical examination shall be a part of the selection procedure of a candidate for a particular post except in respect of Engineers / Officers recruited through All India Open Advertisement.
- 2.3 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 undergo medical examination under these guidelines.
- 2.4 Placement from Non-technical areas to technical areas will require fresh medical examination.

3. PROCEDURE FOR MEDICAL EXAMINATION:

- 3.1 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**.
- 3.2 The Photograph of the candidate shall be forwarded to the Medical Department duly attested by the HR department.
- 3.3 Left Hand fingerprints / impressions: Examining doctor should get the impressions of all the fingers of the left hand on the space provided for the same and get duly signed by the candidate.
- 3.4 Where no facilities are available for conducting certain medical examination/tests, the candidate will be referred to competent medical practitioners/specialists /laboratories, which will be at the discretion of the examining medical authority.
- 3.5 In such cases, Corporation shall reimburse the charges for consultation / tests on production of necessary money receipts duly countersigned by the Corporation's medical officer.
- 3.6 The Corporation's Medical authority will complete the pre-employment medical examination fitness certificate as given in the Pre-Employment Examination Part-III declaring the candidate fit or unfit or temporarily unfit, as the case may be. The certificate will be signed by both, the examining doctor and the Chief Medical Officer (HOD) of the unit. The medical department will retain the medical report for Occupational Health Records.
- 3.7 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 eight weeks, the candidate will be informed by HR department for re-examination on advice from doctor in the prescribed form as given in Pre-Employment Examination Part-IV. The examining doctor, on satisfying himself

during re-examination that the short-term disease is cured, will declare the candidate to be medically Fit.

- 3.8 Any Lymphadenopathy should be thoroughly investigated to rule out any chronic Granulomatous disease like Tuberculosis, Sarcoidosis and Blood Dyscrasias.
- 3.9 The limits of Blood Pressure will be assessed as: Normotension < 140 mm of Hg. SBP and < 90 mm of Hg. DBP. Candidate diagnosed as Hypertensive will be further investigated.
- 3.10 Dextrocardia without any symptoms per se does not disqualify for employment, however presence of other congenital anomalies should be looked for, and decision for fitness should be made accordingly.
- 3.11 Fundus examination should be carried out by Ophthalmologist.
- 3.12 Color vision shall be tested with ISHIHARA PLATES in good normal light for all candidates.
- 3.13 For Partial colour Blindness the job description of the candidate shall be taken into consideration before final evaluation. Candidates should identify individual colours separately and pass Pink perception test.
- 3.14 A candidate should be free from any progressive disease of the ear. The candidate should be able to hear whispering voice separately in both the ears at a distance of 2 feet in a quiet room.
- 3.15 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.
- 3.16 Case of Pregnancy of 24 weeks or more at the time of medical examination, will be declared Temporarily Unfit until completed six weeks after miscarriage or 3 months after confinement. The candidate will be required to undergo a fresh medical examination of fitness at the end of that period.
- 3.17 Chest : Minimum in full expiration 79 cm for male, minimum expansion 5 cm (not applicable to female candidates)
- 3.18 Urine : If albumin, sugar or any other abnormality deducted, further laboratory test will be conducted to determine the cause.
- 3.19 Radiological Examination : Fresh x-ray chest (PA View) is must for all candidates. Any other Radiological investigations will be conducted, if and when necessary. Reports of all Radiological investigations must be within normal limits.
- 3.20 Other investigations : Biochemical tests, ECG and other special investigations will be done as per routine and any deviations from the normal limits will be properly investigated before passing the candidate fit.
- 3.21 Ultrasonography will be carried out whenever required to rule out any disease condition.
- 3.22 Lung function tests will be done specially for those candidates who will be required to work in battery areas.
- 3.23 Where a candidate is found to be unfit the report from doctor will be sent to HR Deptt. to inform candidate suitably.

4. APPEAL:

- 4.1 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.
- 4.2 The application for reconsideration is to be submitted within two weeks from the communication of the result of the medical examination.
- 4.3 A sum of Rs. 500.00 is to be deposited with the Corporation by the candidate. This will be refunded only if the candidate is declared fit on re-evaluation by the medical board.
- 4.4 All expenses on travel, accommodation etc. in connection with re-evaluation will be borne by the candidate if declared unfit by the Board.
- 4.5 The decision of the board will be final and binding to both the parties.

5. RELAXATION FOR PHYSICALLY CHALLENGED PERSONS:

- 5.1 Physically challenged persons may be selected against the identified Posts, where such persons can perform their duties with reasonable efficiency and without undue physical strain or hazard.
- 5.2 The candidate except for the handicap must be within the normal range of all other physical standards.
- 5.3 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.

6. GENERAL EXAMINATION:

Following will be considered as disqualification: -

- 6.1 Height: For Males -- Height lesser than 152.5 cm
For Females -- Height lesser than 147.5 cm
- 6.2 Weight: lesser than 40 Kg.
- 6.3 BMI beyond 28 with systemic involvement for candidates up to 35 years of age.
BMI beyond 30 with systemic involvement for candidates above 35 years of age.
- 6.4 Chronic diseases of Mouth, Nose and Throat including Tonsils, Palate, Jaws, Temporo-mandibular Joints, Oral Cavity, Teeth and Gums.
- 6.5 Hypertension causing adverse effect on target organs.
- 6.6 Ischaemic Heart Disease.
- 6.7 Organic/ Valvular/ Congenital Heart Disease with definite clinical signs & symptoms.
- 6.8 Bronchial Asthma : for Refinery locations.
- 6.9 Chronic Obstructive Pulmonary Disease
- 6.10 H/O Lobectomy / Pneumonectomy.
- 6.11 Cirrhosis or Chronic Liver Disease.
- 6.12 Seizure disorders, Parkinsonism, Ataxia, Psychosis or any other Major Neurological Disorder.
- 6.13 Chronic renal failure
- 6.14 Undescended Testes
- 6.15 Deformity of Spine or any limb, congenital or acquired
- 6.16 Diabetes with complications e.g. Nephropathy, Retinopathy, Neuropathy etc.
- 6.17 Thyrotoxicosis and Pituitary disorders.
- 6.18 EAR:
 - (i) Unable to hear whispering voice at a distance of 2 feet in both ears.

- (ii) Decreased hearing of sensorineural or conductive type 40 dB or more at 4000 Hz upto 35 years of age.
- (iii) Decreased hearing of sensorineural or conductive type 50 dB or more at 4000 Hz beyond 35 years of age.
- (iv) AB gap more than 40 dB for all age groups in both ears.
- (v) Bilateral Nerve Deafness above 60 dB should be considered disqualification for all categories

6.19 EYE:

- (i) Visual Acuity for Both eyes:

Standard for visual acuity (with or without glasses/contact lense /IOL/ Implantable contact lense)

<u>Age</u>	<u>Distant Vision</u>		<u>Near Vision</u>	
	<u>Better Eye</u>	<u>Worse Eye</u>	<u>Better Eye</u>	<u>Worse Eye</u>
<u>Below 35 Yrs</u>	6/9 or 6/6	6/9 6/12	Sn / 0.6	Sn / 0.6
<u>35 Yrs and ></u>	6/12 or 6/9	6/12 6/18	Sn/ 0.6	Sn/ 0.6

- (ii) Fundus

- (i) Any progressive pathological condition
- (ii) Vitreous or Chorioretinitis
- (iii) Any Retinal disease in Diabetes, Hypertension, Atherosclerosis
- (iv) Corrected Myopia (including the cylinder) exceeding (-) 6D and Hypermetropia (+) 4D in each eye up to 35 years of age.
- (v) Corrected Myopia (including the cylinder) exceeding (-) 6D and Hypermetropia (+) 6D in each eye beyond 35 years of age.

6.20 Colour Blindness: For Technical disciplines and Drivers.

6.21 Night blindness

6.22 Presence of Squint for technical disciplines and Drivers.

6.23 One Eye functional for Technical disciplines and Drivers.

6.24 Glaucoma

6.25 Candidates with Tuberculosis, Chronic debility, Lymphadenopathy, Atypical infections.

6.26 SKIN

- (i) Oil Acne
- (ii) Acne Conglobata: variant of Acne-vulgaris- for Technical areas.
- (iii) Pemphigus

6.27 Malignancy: Any carcinoma, Multiple myeloma and Blood dyscrasias

6.28 Any Collagen disease like SLE, Polyarteritis nodosa and Wegener's Granulomatosis.

6.29 Any organ damage involving Heart, Lung, Liver, Kidney, Brain.

7. 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)
- l) Any other condition, which the doctor feels, is curable within 8 weeks.



IndianOil
ANNEXURE-I

INDIAN OIL CORPORATION LIMITED
REFINERIES DIVISION

UNIT _____

PRE-EMPLOYMENT EXAMINATION FORM – PART- I

Ref. No.		Candidate to paste recent passport size photograph duly attested by self
Post considered for:		
Name in full: (in Block Letters)		
Date of Birth		
Sex		
Father / Husband's Name		
Address		

Identification Mark:

(I) _____

(II) _____

Date:

Signature of Employee Relations Officer

TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION

Permanent Address:

Present Address:

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

Sl. No.	Question	Yes	No
1	Are you on any prolonged medication?		
	<i>If Yes, specify:</i>		
2	Are you allergic to any medicine?		
	<i>If yes, specify</i>		
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		
	• <i>Any other disease, please specify:</i>		
4	Do you take alcoholic beverages / intoxicants?		
5	Do you smoke or take tobacco?		
	<i>If yes, how much every day?</i>		
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 Employment Medical Examination.		

	<i>If yes, name of the company, where you got appointment :</i>		
14	Do / Did any of your family member(s) suffer(ed) from any of the following: <ul style="list-style-type: none"> • High Blood pressure • Heart Disease • Tuberculosis • Stroke (Paralysis due to Haemorrhage in brain) • Diabetes • Mental illness • Cancer 		
15	Do you have Hernia / Piles / Hydrocele?		
16	<i>Please specify significant information, if any, not covered above:</i>		
Marital History : Single / Married / Widowed / Widower / Divorced No. of Children: Male _____ Female _____ F P History : Vasectomy / Tubectomy			
Immunization: Tetanus Toxoid: I II III Booster: I II Hepatitis B : I II III			

PAST EMPLOYMENT, IF ANY:

NAME OF COMPANY	NO. OF YEARS	NATURE OF JOBS	ANY OCCUPATIONAL HEALTH AILMENT

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

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Little Finger

Ring Finger

Middle Finger

Index Finger

Thumb

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) (R)

INDIVIDUAL COLOUR IDENTIFICATION – NORMAL/ DEFECTIVE

DISTANT VISION (WITHOUT GLASSES)

RIGHT _____ LEFT _____

(WITH GLASSES) RIGHT _____ LEFT _____

NEAR VISION (WITHOUT GLASSES)
RIGHT _____ LEFT _____
(WITH GLASSES) RIGHT _____ LEFT _____
POWER OF GLASSES _____ CONTACT LENSES _____
NIGHT BLINDNESS: (NYCTALOPIA): _____
PINK PERCEPTION TEST :

EXAMINATION OF EAR, NOSE & THROAT:

EXTERNAL EXAM: _____
AUROSCOPY-RIGHT _____ LEFT _____
TUNING FORK TESTS –
RINNES TEST _____ WEBERS TEST _____
CONVERSATIONAL HEARING / WHISPERING: _____
AUDIOMETRY(AIR AND BONE CONDUCTION) _____

GENITO URINARY SYSTEM:

HERNIA: _____ HYDROCELE/ VARICOCELE _____
CRYPTORCHIDISM _____ PHIMOSIS _____
VARICOSE VEINS _____ SIGNS OF STD _____

FOR FEMALE CANDIDATES:

MENSTRUAL HISTORY

OBSTETRIC HISTROY

MENARCHE AT _____ Yrs. GRAVIDA _____ PARA _____
LMP - _____

MENSTRUAL IRREGULARITY, IF ANY

PELVIC EXAMINATION : (FOR MARRIED WOMEN ONLY)

VULVA: _____ VAGINA: _____ URETHRA: _____ CERVIX: _____
UTERUS: _____ ADNEXA: _____
PAP SMEAR: _____ PREGNANCY TEST _____

INVESTIGATIONS**LAB INVESTIGATIONS:**

URINE: ALBUMIN _____ SUGAR _____
 MICROSCOPY _____ STOOL: _____

HAEMOGRAM

Blood Group: _____ Rh factor: _____ Hb _____ TLC _____ RBC _____
 DLC – **P L E M B** Platelets Count _____

LIPID PROFILE

Serum cholesterol: _____ S/Triglycerides _____
 HDL _____ LDL _____

HEPATIC PROFILE

SGPT: _____ SGOT: _____
 Alkaline Phosphatase: _____

RENAL PROFILE

Blood Urea: _____ S/Creatinine: _____

METABOLIC

Blood Sugar – F: _____ Blood Sugar – PP: _____ S/uric acid: _____

OTHERS

VDRL: _____

OTHER INVESTIGATIONS:

X-Ray Chest _____

Ultrasound Whole Abdomen _____

ECG _____

Others: _____

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

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

PULMONARY FUNCTION TEST

	FVC	FEV 1
Predicted		
Measured		
% of Predicted		

Remarks:

AUDIOGRAM

		500	1000	1500	2000	3000	4000	6000	8000
← Hearing Loss In dB →	-10								
	0								
	10								
	20								
	30								
	40								
	50								
	60								
	70								
	80								
	90								
	100								
	110								
	120								
130									

Frequency in Hz →

AIR CONDUCTION BLUELT EAR X 0 RED RT EAR
 BONE CONDUCTION BLUELT EAR > < RED RT EAR

<input type="checkbox"/> <u>FIT</u>	<input type="checkbox"/> <u>UNFIT</u>	<input type="checkbox"/> <u>TEMPORARILY UNFIT</u>
<p>Date: _____</p> <p style="text-align: right;">Signature of Medical Officer</p>		

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 _____ [unit] 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

Name:

Registration No.

Date:

Seal:

**Signature of Chief Medical Officer
or Civil Surgeon**

Name:

Registration No.

Date:

Seal:

PRE-EMPLOYMENT EXAMINATION PART- IV



INTER OFFICE MEMO

REFINERIES HQ

From :	Medical Dept.	To :	HR Dept.
Our Ref No. :		Your Ref. No.:	
Date :		Date :	

Sub. : Pre-Employment Medical Examination

Shri / Smt. / Kum _____, a candidate for appointment in Indian Oil Corporation Limited, _____, as _____ at _____ [unit] has been examined by on _____.

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 CMO)

Name:

Date :

(Signature of Doctor)

Name :

Designation :

Hospital's Name:

Date :