

**MEDICAL STANDARDS AND PROCEDURE OF MEDICAL EXAMINATION  
FOR JCOs/OR ENTRIES INTO ARMY WEF 01 APR 2020**

1. **Aim.**

To familiarize the candidates on medical standards for enrolment into Army as Junior Commissioned Officer & Other Ranks. This literature also serves the purpose of placing information in public domain as per the policy of information Commission under RTI Act-2005.

2. **Introduction.**

(a) The primary responsibility of the Armed Forces is defending territorial integrity of the nation. For this purpose Armed Forces should always be prepared for war. Armed Forces personnel undergo rigorous training in preparation for war. Armed Forces also assist civil authorities if required whenever the need arises like in the case of disasters. To carry out such tasks Armed Forces requires candidates with robust mental and physical health. Such candidates should also be capable of withstanding rigorous stress and strain of service conditions to perform their military duties in adverse terrain and uncongenial climate including sea and air in remote areas, in austere conditions with no medical facilities. A medically unfit individual due to disease/disability can not only drain precious resources but can also jeopardize lives of other members of the team during operations. Therefore only medically fit candidates are selected who emerge fit to be trained for war.

(b) The Armed Forces Medical Services are responsible for ensuring selection of 'Medically Fit' individuals into the Armed Forces.

(c) All Armed Forces personnel regardless of occupational specialty, unit assignment, age or gender should have a basic level of general 'Medical fitness' when inducted into service. This basic level of fitness can then be used as a benchmark to train personnel for further physically demanding occupational specialties or unit assignments. This will enhance deployable combat ready troops.

(d) Medical examinations are carried out meticulously by Armed Forces Medical Services Medical Officers. These Medical Officers are well oriented to specific working conditions of Armed Forces after undergoing basic military training. Medical examinations are finalized by the Board of Medical Officers. The decision of the Medical Board is final. In case of any doubt about any disease/disability/injury/genetic disorder during enrolment the benefit of doubt will be given to State.

3. **Medical Standards.** All candidates after screening will be subjected to a through medical examination by a board of MOs detailed by competent authority in consultation with SRMO of Recruiting Zone / SRMO of Regt Centre to asserts whether they are medically fit to further all types of duties in any geographical locality in any climate anywhere in the world. The examining Board of MOs will record their findings in the prescribed form (AFMSF-2A).



4. The board of MOs will only declare candidates FIT/UNFIT after the medical exam. The Senior Reviewing Medical Officer (SRMO)/Presiding Medical Officer will apprise the candidates about their medical status including disabilities and also inform them about the provision for review medical exam at the designated Military Hospital within stipulated period.

5. The concerned specialists at designated Military Hospital examine candidates in detail and endorse finding and opinion regarding fitness and declare him FIT/UNFIT. There shall not be any more medical review and decision of review medical procedure shall be final.

6. To be declared medically FIT, a candidate must be in good physical and mental health and free from any disease/ syndrome / disability likely to interface with the efficient performance of military duties in any terrain, climate condition including sea and air, in remote area, in austere condition with no medical aid. Candidates should be free of medical condition which require frequent visit to medical facilities and use of any aid/ drugs.

7. **Standard for Weight.** Weight for height chart will be standard for all categories of personal. The chart is based on BMI.

Age (yrs)	Minimum weight for all ages	Age 17 to 20 yrs	Age 20+01 day-30 yrs	Age 30+ 01 day-40 yrs	Age : above 40 yrs
Height (cm)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)
140	35.3	43.1	45.1	47.0	49.0
141	35.8	43.7	45.7	47.7	49.7
142	36.3	44.4	46.4	48.4	50.4
143	36.8	45.0	47.0	49.1	51.1
144	37.3	45.6	47.7	49.8	51.8
145	37.8	46.3	48.4	50.5	52.6
146	38.4	46.9	49.0	51.2	53.3
147	38.9	47.5	49.7	51.9	54.0
148	39.4	48.2	50.4	52.6	54.8
149	40.0	48.8	51.1	53.3	55.5
150	40.5	49.5	51.8	54.0	56.3
151	41.0	50.2	52.4	54.7	57.0
152	41.6	50.8	53.1	55.4	57.8
153	42.1	51.5	53.8	56.2	58.5
154	42.7	52.2	54.5	56.9	59.3
155	43.2	52.9	55.3	57.7	60.1
156	43.8	53.5	56.0	58.4	60.8
157	44.4	54.2	56.7	59.2	61.6
158	44.9	54.9	57.4	59.9	62.4
159	45.5	55.6	58.1	60.7	63.2
160	46.1	56.3	58.9	61.4	64.0

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Age (yrs)	Minimum weight for all ages	Age 17 to 20 yrs	Age 20+01 day-30 yrs	Age 30+ 01 day-40 yrs	Age : above 40 yrs
Height (cm)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)	Weight (Kg)
161	46.7	57.0	59.6	62.2	64.8
162	47.2	57.7	60.4	63.0	65.6
163	47.8	58.5	61.1	63.8	66.4
164	48.4	59.2	61.9	64.6	67.2
165	49.0	59.9	62.6	65.3	68.1
166	49.6	60.6	63.4	66.1	68.9
167	50.2	61.4	64.1	66.9	69.7
168	50.8	62.1	64.9	67.7	70.6
169	51.4	62.8	65.7	68.5	71.4
170	52.0	63.6	66.5	69.4	72.3
171	52.6	64.3	67.3	70.2	73.1
172	53.3	65.1	68.0	71.0	74.0
173	53.9	65.8	68.8	71.8	74.8
174	54.5	66.6	69.6	72.7	75.7
175	55.1	67.4	70.4	73.5	76.6
176	55.8	68.1	71.2	74.3	77.4

Weights higher than the acceptable limit will be acceptable only in the case of candidate with documented evidence of body building, boxing, wrestling. In such cases the following criteria will have to be met :-

- (a) Body Mass Index should be below 23.
- (b) Waist Hip ratio should be below 0.9 for males and 0.8 for females.
- (c) Waist Circumference should be less than 90 cm for males and 80 cm for females.
- (d) All biochemical metabolic parameters should be within normal limits.

8. Following disabilities are subjected to rejection :-

- (a) Candidates having continuous BP greater than 140/90 mm .Hg, Persistent tachycardia (>100 bpm), persistent bradycardia (<60 bpm), Presence of pallor, cyanosis, icterus, abnormal condition of arterial wall or any other cardiovascular disease.
- (b) Abnormalities of nails, Xanthomata, Xanthelasmas, lymphadenopathy (>1 cm), fixed/ confluent nodes, presence of more than one café-au-lait spot, more than one neurofibromas.
- (c) Lipoma causing significant functional impairment, Warts/Corn/Callosities on palms and soles, presence of any oral growth, ulceration, cracks/fissures, angular stomatitis, tongue tie, large tongue, oral leukoplakia.

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(d) Candidate having any of the following diseases like infective & chronic skin disease, lichen planus, severe acne, hirsutism, alopecia, psoriasis, vitiligo, bullous disease, eczema, chronic lymph edema, contact dermatitis, palmo planter hyperhydrosis, leprosy, STD & HIV, any form of TB.

(e) Any disorder of the Gastro-intestinal system and genito urinary including abnormal testis, abnormal scrotum, hydrocele, hernia, varicocele, epididymitis.

(f) Any disorder in CNS including any neuro-psychiatric illness like history of migraine, phobia, fits, nightmares, sleep disturbances, head injury, sleep walking, loss of consousness, syncope, tremor, alocholism, consumption of psychiatric drugs, substance abuse, presence of neuro cutenous marker, abnormal gait, speech, intellect, lack of coordination cause rejection.

(g) History of tiredness, easy fatigability, lassitude, general weakness, haemorrhages, epistaxis, bleeding from gums, haemoptysis, haematemesis, malena, menorrhagia, etc is a cause for rejection.

(h) Any evidence of pleural disease, air way disease, COPD & Asthma, fatty liver, any SOL, thrombosis, calcification, hepatomegaly, Gall bladder disease, splenomegaly, asplenia, splenoectomy, pancreatitis, Ascites, Endocrine disease particularly DM, thyroid, pituitary, adrenal gland.

(j) Scabies, Scrotal dermatitis, Tinea infection, Intertrigo, Urticaria, Angioedema, Symptomatic Dermogaphism, Vitiligo.

9. **Standard for hearing.** Any free field hearing standards less than 610 cm in Conversational Voice or Forced Whisper for each ear separately is not acceptable.

10. **Male Genetila.** Entrants with following features will be **UNFIT** :-

(a) Tests – as per surgical standard of fitness.

(b) History of major abnormalities or defects of the genitalia, hypogonadism.

11. **Central Nervous System and Psychiatric Disorders.** These are the following disease/ disabilities are declared **UNFIT**.

(a) History of psychiatric disorders (Psychosis, Neurosis, Emotional instability, and other condition).

(b) History of Seizures, Syncope, Epilepsy, severe head injury.

(c) Any bony deformity, facial haemangiomas, subcutaneous nodules, dimple or tufts of hair at spine, tremors of hands, tongue and eyelids.

(d) Any abnormalities found in cognitive, emotional and behavioral trait, psychosomatic disorder.

12. **Haemopoetic System.** Current or past history of any hereditary blood disorder will be a cause of rejection.

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13. **Fitness after Surgery.**

(a) A candidate shall be considered for fitness only after the minimum laid down period post surgery for the disease/ disability is over and there is no complication or residual defect. **All open surgeries will be considered for fitness after one year of the surgery. Laparoscopic surgeries will be considered for fitness after twelve weeks.** For any other surgery, where time period post surgery is not mentioned in this manual, a minimum of 12 weeks should have elapsed after the surgery, before consideration for fitness.

(b) Fractures of upper limbs not involving articular surfaces and without neuro/vascular deficit which have united without mal-union and impairment of function shall be considered for fitness after six months of injury provided there is not residual functional defect and there is no deformity. A candidate shall however be declared unfit by the MO.

(c) Fractures of lower limbs not involving articular surface and without neuro/vascular deficit which have united with no mal-union or loss of function shall be considered for fitness after six months of injury provided there is no residual functional defect and there is no deformity. A candidate shall however be declared unfit by the MO.

14. **Abdomen**

(a) **Gastrointestinal Tract.** Operated laparotomy scars, ostomies, swelling over abdomen, lump/s, and sinus are to be made UNFIT by Recruiting Medical Officer. Specialist Officer after clinical examination, investigation and scrutiny of relevant documents will make FIT after elapsed of twelve weeks from laparoscopic surgery & after one year of all open abdominal surgeries.

(b) **Anorectal Conditions-Unfit.** Those with anal fissure, anal fistula, hemorrhoids, anal and rectal polyp, stricture or faecal incontinence. Rectal prolapse even after operation remain UNFIT.

(c) **Hernia.** Any abdominal wall hernia will render candidate UNFIT.

(d) **Incisional Hernia.** All current and operated cases are UNFIT.

(e) **Gall Bladder.** All disease related to gall bladder will be declared UNFIT by Recruiting Medical Officer.

(f) **Spleen.** History of splenectomy due to any cause is UNFIT.

(g) **Urogenital System- Unfit.** Any history of urinary disorder, hypospadias, STD, haematuria, Penile amputation, Urethral Fistula, epispadias, Renal cyst, ambiguous genitalia and undescended or ectopic testis, hydrocele, varicocele, Epididymal cyst/mass, phimosis, stricture urethra, meatal stenosis, history of calculi, Sex reassignment surgery/ intersex condition, all congenital defects of kidney, Renal transplant, all Nephrectomy cases, spermatocele, renal cyst,

(h) **Head, Neck and Chest- Unfit.** Any cranio-facial anomalies which prevent the individual from wearing protective mask or military headgear, Any history head injury require surgery, CNS shunts, Cleft lip with defects, cleft palate even after surgery, Branchial cyst, thyroglossal cyst, chest wall deformity likely to interfere performance to military duties/ bearing, Lung Surgery, Cardiac Surgery/ intervention, Amazia, Polymazia, Polythelia, Lump breast (in female candidate), Gynecomastia.

15. **Musculoskeletal System- Unfit.** Any abnormalities on curvature or skin overlying the over spine, Spina bifida, vertebral body anomalies, Spondylolysis and its complication, spinal canal stenosis, disc prolapse, kyphosis, lordosis, scoliosis, hallux valgus with or without bunion/corn/callosity, hammer toe, flat foot, genu varum, genu valgum, Genu recurvatum, Loss of toes, Club foot, History of ACL tear, any knee joint/ankle surgery, amputation of limb, loss of finger (except terminal phalanx of litter finger), loss of hand, cubitus valgus, cubitus varus, Cervical Rib, recurrent dislocation of shoulder, torticollis, any limb length discrepancy, mal-united fractures, fracture with metallic implants, healed fracture with cosmetic deformity, any joint laxity, unstable joint, ligament injury, joint surgery, malformation/ deformity, cysts, arthritis, prolapsed intra vertebral disc(PIVD), restriction of movement, tenderness and deformity of spine, abnormal gait.

16. **Ear Nose and Throat**

(i) **UNFIT.** History or current otorrhoea , hearing loss, vertigo, tinnitus, nasal polyps, recurrent epistaxis, dysphonia, dyspnoea, dysphagia, stridor, symptomatic deviated nasal septum, atrophic rhinitis, nasal polyps/growth/ulceration/perforations, oral submucous fibrosis/oral cancer/, leukoplakia, erythroplakia, signs of chronic inflammation of tonsils, any presence of wax/exostosis/atresia/growth/otomycosis or discharge from ear, perforation/scars/tympano-sclerosis/retraction of tympanic membrane, gross deformity of pinna which hamper wearing of uniform/protective equipment / adversely impacts military bearing, Allergic/ Vasomotor rhinitis, any ulcerative / mass lesion of the pharynx, persistent hoarseness/stroider//dysphonia/chronic laryngitis/vocal cord palsy/polyps and growth over larynx, chronic tonsillitis.

(ii) Any free field hearing standards less then 610 cm in conversational voice or forced whisper for each ear separately is not accepted.

17. **Visual Standards.**

(i) All candidates reporting for medical examination will give the following undertaking :-

(aa) No kerato-refractive procedure has been carried out.

(ab) Neither the individual nor his parents suffer from nigh blindness.

(ii) **Lasik or Equivalent.** Lasik is not permitted for any category for enrolment as soldiers.



- (iii) Colour vision shall be CP-II for all category of enrolment as soldiers.

S No	Grade	Standards
(aa)	SOL GD/GNR/DVR & EQUIVALENT	Uncorrected VA 6/6 & 6/6 BCVA 6/6 & 6/6 Myopia – Nil Hypermetropia $\leq + 1.0$ DS, including max Astigmatism $\leq +/-0.5$ D Cyl <b>LASIK and equivalent not permitted</b> <b>Colour Vision CP II</b>
(ab)	SOL TECH/CLK/SKT/NA/AEC/DSC/TDN/RT/A PS& EQUIVALENT	Uncorrected VA 6/36 & 6/36 BCVA 6/6 & 6/6 Myopia $\leq - 2.5$ D Sph, including astigmatism $\leq +/-2.0$ D Cyl  Hypermetropia $\leq +2.5$ D Sph, including max astigmatism $\leq +/-2.0$ D Cyl  <b>LASIK and equivalent not permitted</b> <b>Colour vision CP II</b>

(iv) **Ptosis.** All types of Ptosis to be made UNFIT by Recruiting Medical Officer. Mild Ptosis may be considered FIT by specialist provided it is not affecting vision/ visual field in day & night.

(v) **Corneal Opacity.** All grades of corneal opacities to be made UNFIT by Recruiting MO. Small nebular corneal opacity in the periphery not affecting the vision or visual field may be considered FIT by Specialist.

(vi) **Pterygium.** All cases of progressive pterygium to be made unfit by MO and Specialist. Regressive non vascularized pterygium likely to be stationary occupying less than or equal to 1.5mm of cornea may be made fit.

(vii) **Lenticular opacity.** All types/ grades of lenticular opacities to be made UNFIT by Recruiting MO. Small stationary lenticular opacities in the periphery like congenital Blue Dot cataract, not affecting the visual axis/ visual field may be considered FIT by Specialist. (Should be less than ten in number and central area of four mm to be clear).

(viii) **Nystagmus.** Cases of nystagmus to be made UNFIT except for physiologic nystagmus.

(ix) **Entropion / Ectropion.** Cases of ectropion and entropion to be made Unfit. Mild ectropion and entropion which in the opinion of ophthalmologist will not hamper day to day functioning in any way, may be made FIT.

(x) **Squint.** All cases of squint to be made UNFIT by Recruiting MO and by Specialist. However, small horizontal latent squint/ phoria i.e. Exophoria/Esophoria may be considered FIT by the specialist along with the Grade III BSV. Hyperphoria/ Hypophoria or Cyclophoria are to be made UNFIT.

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- (xi) **Night Blindness.** UNFIT. Certificate to be signed.
- (xii) **Retinal lesions.** A small healed chorioretinal scar in the retinal periphery not affecting the vision and not associated with any other complication can be made FIT by Specialist. Similarly a small lattice in periphery with no other complications can be made FIT. Any lesion in the central fundus will be made UNFIT by the specialist.
- (xiii) **Naso-Lacrimal occlusion.** If the individual has Epiphora/Mucocele despite being optd will be made UNFIT. Recruit with symptom free period of at least three months after surgery, may be made FIT by Specialist.
- (xiv) All types of uveitis, objective convergence, accommodation should be more than 12 cm will be UNFIT.

18. **Medical Examination of Female Candidate.**

- (a) General methods and principles of medical examination of female candidates will be the same as for male candidates. However special points pertaining to medical examination of female candidates are given in succeeding paragraphs.
- (b) A detailed menstrual and gynecological history, detail physical and systemic examination should be done by lady medical officer or lady gynecologist only.
- (c) The examination must include External genitalia, Hernia, perineum, any evidence of urinary incontinence, genital prolapse. All married candidate will be subjected to speculum examination for any prolapsed or growth on cervix or vagina. All unmarried female candidates, speculum or vaginal examination will not be carried out.
- (d) USG scan of abdomen and pelvis is mandatory for all female candidate during initial medical examination.
- (e) **UNFIT.** Disabilities/diseases that will be declared UNFIT are Significant hirsutism, PCOS, Primary or secondary amenorrhea, Severe menorrhagia or severe dysmenorrheal, Congenital elongation of cervix outside introitus, Pregnancy, complex ovarian cyst, simple ovarian cyst more than 6 cm, endometriosis, adenomyosis, submucous fibroid, broad ligament or cervical fibroid causing pressure over ureter, single fibroid uterus more than 3 cm in diameter/ more than two in number if more than 15 mm in diameter, fibroids causing distortion of endometrial cavity, Congenital uterine anomalies except arcuate uterus, any type of PID, disorder of sexual differentiation, any other condition will be considered on merits or each case by the gynaecologist.
- (f) **Medical fitness after laparoscopic surgery or laparotomy.** Candidates reporting after undergoing cystectomy or myomectomy will be accepted as fit if she is asymptomatic, ultrasound pelvis is normal, histopathology of tissues removed is benign and per operative findings are not suggestive of endometriosis. Fitness to be considered twelve weeks after laparoscopic surgery and when the wound has healed fully. Candidate will be considered FIT after caesarean section and laparotomy after one year of the surgical procedure.



19. **Dental Examination.**

(a) All FIT candidates will be disposed by the Recruiting Medical Officer. All UNFIT cases, on appeal, will be referred for dental officer review.

(b) **Award of Dental points.** A total of minimum 14 points will be required for fitness provided the following teeth are present in the upper jaw in good functional apposition to the corresponding teeth in the lower jaw :\_

(i) Any 4 of the 6 anterior.

(ii) Any 6 of the 10 posterior.

(c) Each incisor, canine, 1<sup>st</sup> and 2<sup>nd</sup> premolar will have a value of one point provided their corresponding opposite teeth are present.

(d) Each 1<sup>st</sup> and 2<sup>nd</sup> molar and well developed 3<sup>rd</sup> molar will have value of two point provided in good opposition to corresponding teeth.

(e) In case of 3<sup>rd</sup> molar is not well developed it will be having value of one point only.

(f) All removable dental prostheses will be removed during intra oral examination and not be awarded any dental point except in case of Ex-Servicemen applying for re-enrolment.

(g) **Candidates Reporting Post Maxillofacial Surgery/Maxillofacial Trauma.** Candidates who undergo cosmetic or post-traumatic maxillofacial surgery/trauma will be UNFIT for at least 24 weeks from the date of surgery/injury, whichever is later.

(i) **UNFIT.** Gross facial asymmetry, soft/hard tissue defect /scars, pathological condition of the jaws, candidates with Temporo mandibular Joint (TMJ) clicking/tenderness/dislocation, dislocation of TMJ on wide opening, mouth opening less than 30 mm, defective teeth compromise mastication, candidate with generalised dental calculus/extensive swollen and red gum, malocclusion affecting mastication, open bite, candidate wearing orthodontic appliances, all potential malignant lesions will be declared UNFIT.

**Note :-**

1. These are the general guidelines for medical fitness. However, decision taken by specialist at the designated Military Hospital while conducting review medical will be final for all purposes.

2. Recruitment Medical Standards & Procedures subject to change by DGMS (Army), as per service requirements.

**Authority :** DGMS ((Army) No 76054/Policy/DGMS-5A dt 16 July 2019.

Stn : New Delhi

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