

1

**REGULATIONS RELATING TO THE PHYSICAL EXAMINATIONS OF
CANDIDATES APPLYING FOR THE ODISHA POLICE SERVICE.**

The regulations are published for the convenience of candidates and enable them to ascertain the probability of their possessing the required physical standard. The regulations are also intended to provide guidelines to the medical examiners.

The Government of Odisha reserve to themselves absolute discretion to reject or accept any candidate after considering the report of the Medical Board.

PHYSICAL STANDARD:

1. To be passed as fit for appointment, a candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the efficient performance of the duties on this appointment.

2. (a) In the matter of co-relation of age limit, height and chest girth of candidates of India, it is left to the Medical Board to use whatever correlation figure are considered most suitable as a guide in the examination of the candidates. If there be any disproportion with regard to height, weight and chest girth, the candidates should be hospitalized for investigation and X-ray of the chest taken before the candidate is declared fit or not fit by the Board."

(b) For the Odisha Police Service minimum standard for height and chest girth without which candidates cannot be accepted, are as follows:-

		Height	Chest Girth fully expanded	Expansion
1	2	3	4	5
1	Men (UR/SEBC/SC)	165 cm	84 cm	5 cm
2	Men (ST)	160 cm	84	5 cm
3	Women (UR/SEBC/SC)	150 cm	79 cm	5 cm
4	Women (ST)	145 cm	79 cm	5 cm

3. The candidate's height will be measured as follows:

He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels and not on the toe or other sides of the feet. He will stand erect without rigidity and with heels calves buttocks and shoulder touching the standard; the chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in centimeters and parts of a centimeter to halves.

4. The candidate's chest will be measured as follows:-

He will be made to stand erect with his feet together and to raise arms over his head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and maximum will then be recorded in centimeters 84-89, 86-93.5 etc. In recording the measurements fractions of less than half a centimeter should not be noted.

N.B.- The height and chest of the candidates should be measured twice before coming to a final decision.

5. The candidate will also be weighed and his weight recorded in kilograms; fractions of half a kilogram should not be noted.

6. (a) The candidate's eye-sight will be tested in accordance with the following rules. The result of each test will be recorded.

(i) General - The candidate's eyes will be submitted to a general examination directed to the detection of any disease or abnormality. The candidate will be rejected if he suffered from any morbid conditions of eye, eyelids or contiguous structure of such a sort as to render or are likely at future date to render him unfit for service.

(ii) Visual Acuity - The examination for determining the acuteness of visions includes two tests - one for distant the other for near vision. Each eye will be examined separately.

(b) There shall be no limit for maximum naked eye vision but the naked eye vision of the candidates shall however be recorded by the Medical Board or other medical authority in every case, as it will furnish the basis information in regard to the condition of the eye.

(c) The following standards are prescribed for distant and near vision with or without glasses.

(d) (i) **The total amount of Myopia (including the cylinder) shall not exceed minus 4.00D. Total amount of Hypermetropia (including the cylinder) shall not exceed plus 4.00D.**

(ii) In every case of myopia fundus examination should be carried out and the results recorded. In the event of pathological condition being present which is likely to be progressive and affect the efficiency of the candidate, he/she should be declared unfit.

(e) **Field of vision** : The field of vision shall be tested by the confrontation method. When such test gives unsatisfactory or doubtful result the field of vision should be determined on the perimeter.

		Better eye (Corrected vision)	Worse eye
1	Distant vision	6/6 or 6/9	6/12/ or 6/9
2	Near Vision	J1	J2
3	Types of corrections permitted	Spectacles	
4	Limits of refractive error permitted	+4.00D (including cylinder) Non-Pathological Myopia +4.00D (including cylinder) (Hypermetropia)	
5	Colour vision requirements	High Grade	
6	Binocular vision needed	Yes	

(f) **Night Blindness:** Broadly there are two types of night blindness: (1) as a result of Vitamin-A deficiency and (2) as a result of Organic disease of Retina, common cause being Retinitis Pigmentosa. In (1) the fundus is normal, generally seen in younger age group and ill nourished persons and improves by large doses of Vitamin-A. In (2) the fundus is often involved and mere fundus examination will reveal the condition in majority of cases. The patient in this category is an adult and may not suffer from malnutrition. Persons seeking employment for higher posts in the Government will fall in this category. For both (1 and (2) dark adaptation test will reveal the condition. For (2) Specially when fundus is not involved Electro-Retinography is required to be done. Both these tests (dark adaptation and retinography) are time consuming and require as a routine test in a medical check up. Because of these specialized set up, and equipment and thus are not possible as a technical considerations. It is for the Ministry/Department to indicate if these tests for night blindness are required to be done. This will depend upon the job requirement and nature of duties to be performed by the prospective Government employees.

(g) **Colour Vision :** The testing of colour vision shall be essential. Colour perception should be graded into higher grade depending upon the size of aperture in the lantern as described in the table below:

	Grade	High Grade Colour Perception
1	2	3
1.	Distance between the lamp and candidate	16ft
2	Size of aperture	13 mm
3	Time of exposure	5 seconds

Satisfactory colour vision constitutes, recognition with ease and without hesitation of signal red, green and yellow colour. The use of Ishihara's plates, shown in good light and a suitable Edrige Green's lantern shall be considered quite dependable for testing colour vision. While either of the two tests may ordinarily be considered sufficient in respect of services concerned with road, rail and air traffic, it is essential to carry out the lantern test. In doubtful cases where a candidate fails to qualify when tested by only one of the two tests, both the tests should be employed.

(h) **Ocular condition other than visual acuity :**

(i) Any organic diseased or a progressive refractive error which is likely to result in lowering visual acuity, should be considered a disqualification.

(ii) **Squint:** The presence of binocular vision is essential. Squint, even if the vision acuity in each eye is of the prescribed standard should be considered a disqualification.

(iii) If a person has one eye of if he has one eye which has normal vision and the other eye is amblyopic or has subnormal vision the usual effect is that the person is lacking stereoscopic vision for perception of depth. Such vision is not necessary.

(iv) **Contact Lenses:** During the medical examination of candidate, the use of contact lenses is not to be allowed. It is necessary that when conducting eye test the illumination of the typed letters for distant vision should have an illumination of 15 foot-candles.

GUIDELINES FOR SPECIAL OPHTHALMIC BOARD

Special Ophthalmic Board for eye examination shall consist of 3 Ophthalmologists:

- (a) Cases where the Medical Board has recorded visual function within normal prescribed limits but suspects a disease of progressive and organic nature, which is likely to cause damage to the visual function should refer the candidates to a Special Ophthalmic Board for opinion as part of the first Medical Board.
- (b) All cases or any type of surgery on eyes, IOL, refractive corneal surgery, doubtful cases of colour defect should be referred to special Ophthalmic Board.
- (c) In such cases where a candidate is found to be having high myopia or high hypermetropia, the State Medical Board should immediately refer the candidates for a special Board of three Ophthalmologists constituted by the Medical Superintendent of the hospital/A.M.O. with the head of the Department of Ophthalmology of the Hospital or the senior most ophthalmologist as the Chairman of the special Board. The Ophthalmologist/Medical Officer who has conducted the preliminary ophthalmic examination can not be a part of the Special Board.

The Examination by the Special Board should preferably be done on the same day. Whenever it is not possible to convene the Special Board of three Ophthalmologists on the day of the medical examination by the State Medical Board, the Special Board may be convened at an earliest possible date.

The Special Ophthalmic Board may carry out detailed investigations before arriving at their decision.

The Medical Board's report may not be deemed as complete unless it includes the report of the Special Board for all such cases which are referred to it.

GUIDELINE FOR REPORTING ON BORDER LINE UNFIT CASES:

In border line cases of substandard visual acuity, subnormal colour vision, the test will be repeated after 15 minutes by the Board before declaring a person unfit.

7. Blood pressure:

The Board will use its discretion regarding Blood Pressure. A rough method of calculating normal maximum systolic pressure is as follows:-

- (i) With Young subject 15-25 years of age the average is about 100 plus the age.
- (ii) With subjects over 25 years of age the general rule of 110 plus half the age seems quite satisfactory.

N.B.- As a general rule any systolic pressure over 140 mm and diastolic over 90 mm, should be regarded as suspicious and the candidate should be hospitalized by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of a transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-ray and electrocardiographic examination of heart and blood urea clearance test should also be done as a routine. The final decision as to fitness or otherwise of a candidate will however, rest with the medical board only.

Method of taking Blood Pressure

The mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the patient and particularly his arm is relaxed he may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal position. The arm should be freed from the cloth to the shoulder. The cuff completely deflated should be applied with the middle of the rubber over the inner side of the arm and its lower edge an inch or two above the bend of the elbow. The following returns of cloth bandage should spread evenly over the bag to avoid bulging during Inflation.

The brachial artery is located by palpitation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below but not in contact with the cuff. The cuff is inflated to about 200 mm. Hg. and then slowly deflated. The level at which the column stands when soft successive sound are heard represents the Systolic Pressure. When more air is allowed to escape the sound will be heard to increase in intensity. The level at which the well heard clear sound change to soft muffed fading sounds represents the diastolic pressure. The measurements should be taken in a fairly brief period of time as prolonged pressure of the cuff is irritating to the patient and will vitiate the reading. Rechecking if necessary should be done only a few minutes after complete deflation of the cuff. Sometimes as the cuff is deflated sounds are heard at a certain level they may disappear as pressure falls and reappear at a still lower level. This silent Gap may cause error in readings.

8. The urine (passed in the presence of the examiner) should be examined and the results recorded. Where a Medical Board finds sugar present in candidate's urine by the usual chemical tests the Board will proceed with the examination with all its other aspects and will also specially note any signs or symptoms suggestive of diabetes. If except for the glycosuria the Board finds the candidate conforms to the standard of medical fitness required they may pass the candidate fit, subject to the glycosuria being non-diabetic and the Board will refer the case to a specified specialist in Medicine who has hospital and laboratory facilities at his disposal. The Medical Specialist will carry out whatever examinations clinical and laboratory, he considers necessary including a standard blood sugar tolerance test, and will submit his opinion to the Medical Board upon which the Medical Board will base its final opinion "fit" or "unfit". The candidate will not be required to appear in person before the Board on the second occasion. To exclude the effect of medication it may be necessary to retain a candidate for several days in hospital under strict supervision.

9. A woman candidate who as a result of tests is found to be pregnant of 12 weeks standing or over should be declared temporarily unfit until the confinement is over. She should be re-examined for fitness certificate six weeks after the date of confinement, subject to the production of a medical certificate of fitness from a registered medical practitioner.

10. The following additional points should be observed:-

(a) that the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective the candidate should be got examined by the ear specialist; provided that if the defect in hearing is remediable by operation or by use of a hearing aid a candidate cannot be declared unfit on that account provided he/she has no progressive disease in the ear. The following are the guidelines for the medical examining authority in this regard:-

1.	Perceptive deafness in both ears in which some improvement is possible by a hearing aid	Fit if the deafness is up to 30 decibel in speech frequencies of 1000-4000.
2.	Perforation of tympanic membrane of central or marginal type.	(i) One ear normal other ear perforation of tympanic membrane present temporarily unfit. Under improved conditions of Ear Surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4(ii) below. (ii) Marginal or attic perforation in both ears unfit. (iii) Central perforation both ears - Temporarily unfit.
3.	Ears with mastoid cavity subnormal hearing on one side/on both sides.	(i) Either ear normal hearing other ear mastoid cavity. Fit. (ii) Mastoid cavity of both sides. Unfit.
4.	Persistently discharging ear operated/unoperated.	Temporarily Unfit.
5.	Chronic Inflammatory/allergic condition of nose with or without bony deformities of nasal septum.	(i) A decision will be taken as per circumstances of individual cases. (ii) If Deviated nasal Septum is present with symptoms - Temporarily unfit.
6.	Chronic Inflammatory conditions of tonsils and or Larynx.	(i) Chronic Inflammatory conditions of tonsils and/or Larynx - Fit. (ii) Hoarseness of voice of severe degree if present then Temporarily unfit.
7.	Benign or locally Malignant tumours of the E.N.T.	(i) Benign tumours - Temporarily unfit. (ii) Malignant Tumour - unfit.
8.	Otosclerosis	If the hearing is within 30 decibels after operation. Or With the help of hearing aid Fit.
9.	Congenital defects of ear, nose or throat.	(i) If not interfering with functions - Fit. (ii) Stuttering of severe degree - Unfit.
10.	Nasal/Poly.	Temporarily Unfit.

- (b) That his speech is without impediment;
- (c) That his teeth are in good order and that he is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound);
- (d) That the chest is well formed and his chest expansion sufficient and that the hearts and lungs are sound;
- (e) That there is no evidence of any abdominal disease;
- (f) That he is not ruptured;
- (g) That he does not suffer from hydrocele, varicose veins or piles;
- (h) That his limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints;
- (i) That he does not suffer from any inveterate skin disease;
- (j) That there is no congenital malformation or defect;
- (k) That he does not bear traces or acute or chronic disease pointing to an impaired constitution;
- (l) That he bears marks of efficient vaccination; and
- (m) That he is free from communicable disease.

11. Radiographic examination of the chest of candidate for detecting any abnormality of the heart and lungs which may not be apparent by ordinary physical examination will be done at the time when he is called for the Personality Test by the Odisha Public Service Commission.

The decision of the Chairman of the State Standing Medical Board (conducting the medical examination of the concerned candidate) about the fitness of the candidate shall be final.

In case of doubt regarding health of a candidate the Chairman of the Medical Board may consult a suitable Hospital specialist to decide the issue of fitness or unfitness of the candidate for Government Service e.g. if a candidate is suspected to be suffering from any mental defect or aberration the Chairman of the Board may consult a Hospital Psychiatrist/Psychologist etc.

When any defect is found it must be noted in the certificate and the medical examiner should state his opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

12. The candidate filling an appeal against the decision of the Medical Board have to deposit an appeal fee of Rs.100.00 in such manner as may be prescribed by the Government of India in this behalf. This fee would be refunded if the candidate is declared fit by the Appellate Medical Board. The candidates may, if they like enclose medical certificate in support of their claim of being fit. Appeals should be submitted within 21 days of the date of the communication in which the decision of the Medical Board is communicated to the candidates otherwise request for second medical examination by an Appellate Medical Board will not be entertained. The Medical Examination by the Appellate Medical Board would be arranged at Cuttack only and no traveling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination. Necessary action to arrange medical examination by Appellate Medical Boards would be taken by the General Administration Department on receipt of appeal accompanied by the prescribed fee.