

Directorate General  
Central Industrial Security Force  
(Ministry of Home Affairs)

Block No. 13, CGO Complex  
Lodhi Road, New Delhi-03

MEDICAL BRANCH

M-20015(32)/Med.Dir./SHAPE Circular/2009-1987

Dated: 30 Dec'2009

To,

All Sector IsG including Director/IG (NISA/TS) & IG/APS

Subject: - **Circular on SHAPE classification: Regarding.**

This concerns clarifications regarding shape instructions issued vide CISF Directorate (Pers Branch) letter No. E-32012/2005/SHAPE/Pers.II/145 dated 28<sup>th</sup> Jan'2009.

02. The clarifications are being issued so that our men & officers should be aware of shape categorization system on the certain diseases which are taking a heavy toll of manpower.

The diseases are:

- a. Overweight & Obesity
- b. Hypertension (High Blood Pressure)
- c. Coronary Artery Disease (Which leads to Heart Attacks)

**03. Principles of Classification of SHAPE Category System**

In SHAPE category system, each word of SHAPE has meanings as follows:

**S** - Psychiatric problems

**H** - Hearing (Ear diseases)

**A** - Appendages pertains to the problems of upper/ lower limbs i.e. arms and legs

**P** - Factor is related to other disease like Hypertension (High Blood Pressure), Cardiac disease (Heart Diseases), Diabetes (High Sugar), Obesity (being Fat - overweight), Cancer, etc.

**E** - Eye sight/ Eye diseases

Shape classification in above factors i.e. S,H,A,P,E is graded in low medical category if the health of a person is not up to mark for a certain period as well as depending upon the type and severity of the infirmity or disease affecting him or any deficiency or excess found in various blood tests and other investigations and weight. These categories are:

(a) **SHAPE-2 (T-24)**: person will be kept in P temporary category for 24 weeks. Any person non coming back to SHAPE-1 in 24 weeks (6 months) goes to P-2-P i.e. P2 permanent.

(b) **SHAPE-2-P (Permanent)**: A person can be kept in to P-2-P category for two years. If he improves, he can be upgraded to SHAPE-2 Temporary and than to SHAPE-1 after complete cure.

(c) **SHAPE-3-P (Permanent)**: (i) If person who is SHAPE-2-P for 2 years does not improve back to SHAPE-1 in 2 years, he will go to SHAPE-3-P. Personnel will be kept this category for two years.

(ii) SHAPE-3-P can also be given to a person who is suffering from some chronic disease which may take more then two years to be recover.

(iii) If a person in SHAPE-3-P does not come back to SHAPE-2-P within 2 years, he is given **another chance for 2 years** i.e. a total of 4 years. If he comes back to SHAPE-2-P, it means he is improving and will be observed. If he does not improve, **he is put in SHAPE-5-P (Permanent)** and will be boarded out.

(d) **SHAPE-4-P** is a special category in which a person is temporarily unfit for Force duties due to temporary sickness, hospitalization etc. (On sick/leave on medical ground/ in hospital).

(e) **SHAPE-5 Permanent** renders a person permanently unfit for service. Such a person should be medically boarded out from service.

**Note**: -There are certain exceptions to above system in case of diseases like Cancer, Aids etc.

**04. Problems of Overweight and Obesity**: - Taking in to account the average nude weights according to age and height, the individual who are found to be overweight will be dealt with as under: -

a) If a person's weight is between 10% to 20% more than the ideal weight, the person is advised in writing, to reduce his weight within **10 weeks** under information to his controlling officer. He / she will be reassessed immediately on completion of this period.

b) If the individual **fails to reduce weight** to the acceptable level even after 10 weeks, he will be **downgraded to medical category SHAP2E (T-24)**; and if he/ she reduces weight to the acceptable 10% limit within this period, the classification proforma will be completed i.e. he will be restored to SHAPE-1 category. But if he fails to do so, he will be put in P2 (T-48) i.e. SHAPE-2 for a further 24 weeks. If he reduces he can come back to SHAPE-1. **But if he cannot, he will be in SHAPE-2 permanent**. His category will be SHAP2E1 (T-72) i.e. for P2 for further 24 weeks. He must reduce and come back in SHAPE-1 within these 24 weeks, otherwise, he will be now in permanently in P-3 category i.e. **if a person does not reduce in 72 weeks, he goes to SHAP3E permanently until he can do a come back**.

c) If the body weight is 20% more than the Ideal Body Weight (IBW), investigations will be carried out to exclude any metabolic abnormality e.g.- abnormal GTT/RFT /Lipid profile, IHD, Osteo-arthritis etc. If the officer has no metabolic abnormality and ECG is

normal, he should be examined by a Medical Specialist or in his absence, an experienced CMO (SG). The latter must decide whether it is due to obesity or due to increased muscle mass/ bone thickness by measuring the following parameters:

- 1) **Body Mass Index (BMI):** -  $\frac{\text{Weight (in kg)}}{(\text{Height in meter})^2}$

**Normal range: 20-25**

**A person is definitely obese if it is 27 or more**

- 2) **Waist and hip ratio:**

**Method of measurement of waist:** Take a point mid-way between the 12<sup>th</sup> rib and upper border of iliac crest on both sides and measure with a tape.

**Method of measurement of hip:** Take upper point of greater trochanter of Femur on both sides and measure the circumference with tape.

**Normal range: 0.6 to 0.9 %**

**A person has definite central obesity if it is more than 0.9%**

- 3) **Skin fold thickness:**

It is measured with the help of caliper.

**Normal range of sub-scapular skin fold: 18-20 mm**

**- Triceps skin fold thickness: 12-15 mm**

All the above measurements will decidedly determine whether increase in weight is due to obesity or due to increased muscle mass/bone thickness. If it is due to obesity the individual should be downgraded to medical classification - SHAP2E (T-24). If the individual fails to reduce his weight to ideal level by 48 weeks, he shall be placed in SHAPE-2 permanent and if does not comply by 72 weeks, in SHAPE-3 permanent.

05. **Hypertension:** - Guidelines for hypertension – Hypertension is known as a high blood pressure more then the normal range. Grading of blood pressure is mentioned as below.

Grade of hypertension	Blood pressure		
	Systolic		Diastolic
Normal	<120	and	<80
Pre-hypertension	120-139	or	80-89
Stage-I hypertension	140-159	or	90-99
Stage-II hypertension	>160	or	>100
- Severe		180-209	110-119
- Very Severe		210 or more	120 or more

**Common causes of hypertension**

- a) Hereditary
- b) Lack of physical exercise
- c) Smoking

- d) Obesity and diabetes
- e) Irregular and fatty diet
- f) Mental stress
- g) Heart disease

**06. (I). CAD /IHD (ISCHAEMIC HEART DISEASE):-**

The following policy shall be followed:

<u>Clinical condition</u>	<u>Classification to be recommended</u>
i) Cases of coronary artery disease (CAD) with normal CAG, echo and TMT/Stress Thallium.	P-1
ii) CAD with abnormal CAG with successful PTCA & Stent; CABG with normal systolic LV function and without angina.	P-2 (T), to be evaluated regularly for one year may be up-graded if remains as such to P-1 or down graded if deteriorates.
iii) CAD with abnormal CAG with successful PTCA & Stent / CABG but with abnormal systolic LV function (Low ejection fraction).	P-3 (T), to be evaluated regularly for one year may be up-graded to P-2 on improvement or down graded to P-5
iv) Cases with congestive Cardiac failure, dilated cardio-myopathy, marked enlargement of the heart and cardiac aneurysm.	P-5

**(II). OTHER CARDIO-VASCULAR DISEASE:**

Valvular Heart Disease:	P-5
Paroxysmal S.V.T.	P-3 to be up-graded to P-2 after EPS and Radio-frequency ablation and to P-1 if remains asymptomatic for one year.
Permanent Pace-maker implantation:	Initially P-3, to be up-graded to P-2 if remains asymptomatic for one year.

07. In the above clarification, he also includes she for lady officers, lady NGOs and other ranks.

08. All Sector IsG are requested to circulate the above guidelines to all CISF units under your jurisdiction for knowledge of CISF personnel

*[Handwritten Signature]*  
18/12/09

**Director/DIG (Medical), CISF**

**Copy to (Internal):-**

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