

**MEDICAL FITNESS CERTIFICATE****Student Profile Details:**

Student's Name:					
Student's Mobile Number:				Parent's Mobile Number:	
Code No/Application No:				Enrolled in:	
				UG	
				PG	
Email ID					
Age:		Sex:		Blood Group:	
Permanent Address:					

**Medical Information:**

Specific Identification Marks (minimum 2 if possible)			
1.		2.	
Routine Complaints:			
Known allergy to drugs/food:		Disability:	

**Past history of major illness:**

o TB:		o Any major injury &/ or operation:	
o Asthma:		o Any major prolonged illness:	
o Epilepsy:			
Any habit/addiction (smoking, alcohol etc.):			

**Family History**

High blood pressure:		Diabetes:	
Ischemic Heart Disease:		Tuberculosis:	
Thalassemia:		Other:	

**General Examination**

Height		Weight	
Color blindness		Vision ability	
Color of the eye			

**Examination**

Pulse		Blood Pressure	
Respiratory (Chest screening)		Cardio Vascular System	
Per Abdomen		Central Nervous System	

<b>Remarks</b>		<b>Recommendations</b>	

Signature of Allopathy doctor (MBBS & above)  
with Registration Number of Govt. Medical Council

Stamp of doctor