

MEDICAL FITNESS CERTIFICATE

A. 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:					

B. Medical Information:

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

C. Past history of major illness:

<input type="checkbox"/> TB: <input type="checkbox"/> Asthma: <input type="checkbox"/> Epilepsy:		<input type="checkbox"/> Any major injury &/ or operation: <input type="checkbox"/> Any major prolonged illness:	
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Any habit/addiction (smoking, alcohol etc.):	
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D. Family History

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

E. General Examination

Height		Weight	
Color blindness		Vision ability	
Color of the eye			

F. Examination

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

G. Remarks	H. Recommendations




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

Stamp of doctor