



**MEDICAL CERTIFICATE**

**(The followings are to be filled by the Medical Officer conducting the medical examination)**

- 1. Height \_\_\_\_\_ cm      2. Weight \_\_\_\_\_ kg
- 3. Past History of (a) Mental Disease \_\_\_\_\_  
(b) Epileptic Fit \_\_\_\_\_
- 4. Chest (a) Inspiration \_\_\_\_\_ cm      (b) Expiration \_\_\_\_\_ cm
- 5. Hearing \_\_\_\_\_      6. Nervous System \_\_\_\_\_
- 7. Respiratory System \_\_\_\_\_
- 8. Heart (a) Sound \_\_\_\_\_      (b) Murmur \_\_\_\_\_
- 9. Abdomen (a) Liver \_\_\_\_\_      (b) Spleen \_\_\_\_\_      (c) Mass \_\_\_\_\_
- 10. (a) Hernia \_\_\_\_\_      (b) Hydrocele \_\_\_\_\_

**The following test reports are required to be enclosed during medical examination**

- 1. ECG \_\_\_\_\_      2. HBSAg \_\_\_\_\_
- 3. FBS \_\_\_\_\_      4. PPBS \_\_\_\_\_
- 5. HIV(I&II) \_\_\_\_\_      6. Hb% \_\_\_\_\_
- 7. Chest Xray (AP) \_\_\_\_\_      8. Blood Group \_\_\_\_\_
- 9. Vision with or without glasses  
(a) Right Eye \_\_\_\_\_      (b) Left Eye \_\_\_\_\_  
(c) Colour Blindness \_\_\_\_\_      (d) Unocular Vision \_\_\_\_\_
- 10. Any other defects \_\_\_\_\_  
\_\_\_\_\_

CERTIFIED that Mr./Ms. \_\_\_\_\_ Son/daughter of Mr./Ms. \_\_\_\_\_

- (a) Fulfills the prescribed standard physical fitness and is FIT for admission to the academic programme.
- (b) Does not fulfill the prescribed standard of physical fitness and is UNFIT/temporarily unfit for admission due to the following defects \_\_\_\_\_  
\_\_\_\_\_

Signature of Medical Officer

Date.....

Full Name.....

Medical registration.....

Official seal of Doctor