

# MEDICAL EXAMINATION FOR PHYSICAL FITNESS

(to be obtained from a Government Medical Officer in the rank of an Assistant Surgeon and above)

Name : .....

I. General Examination :            Height .....cms.            Weight ..... Kgs.

II. C.V.S. : Pulse : ..... / Minute; Regular / Irregular.    B.P. : .....

III. Respiratory System :            Insp : .....            Exp. : .....

IV. GI System : .....

V. Musculoskeletal System : Normal / Disabled (if disabled refer to a specialist)

VI. Skin : .....

VII. Examination of Eyes : Normal / Defective : .....  
(if any abnormality is found, refer to the specialist)

VIII. E.N.T. : Normal / Abnormal : .....  
(if any abnormality is found, refer to the specialist)

IX. C.N.S. : .....

X. G.U.S. : .....

XI. Female Candidates: Menstrual History : .....

XII. Blood Group & Rh : ..... Hb : ..... Urine - Sp.G ..... Sugar ..... Albumin .....

I do hereby certify that I have examined the above candidate for admission to ..... programme in ..... College and cannot discover that he / she has any disease and constitutional defect or bodily infirmity except that ..... I do not consider this as a disqualification for undergoing the above programme His/Her age according to his / her own statement is ..... Years and by appearance ..... Years. He / She has marks of small pox / vaccination.

Personal Marks of Identification : 1. ....  
2. ....

Date :

Signature of Medical Officer

Place :

(\* Any defect to be noted in Detail)

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# CERTIFICATE OF PHYSICAL FITNESS

(For Students of U.G. & P.G. Admissions)

(Declaration by the candidate for the issue of Physical Fitness Certificate)

Name : ..... M/F Branch .....

Date of Birth :

Age

Place of Birth and Address : .....

.....

..... Pincode .....

**Indicate your response by Y/N (Y means Yes; N means No)**

Do you have any minor or major complaint?   
If yes, describe .....

Are you allergic to any medicine or any others?   
If yes, describe .....

Have you ever been affected with ?

Small Pox, Chicken Pox

Asthma

Intermittent or any fever

Epilepsy

Enlargement or suppuration of glands

Appendicitis

Spitting of Blood

Lungs Disease

Heart Disease

Rheumatism

Fainting Attacks

Have you ever had any operation or been advised any operation?   
If yes, describe .....

Are you handicapped?  Visual / Hearing / Orthopedic

Immunization had : BCG  OPV  DPT  M.M.R.  Variolla

Preventive vaccination with date : Tetanus TT/TIG (Specify) .....

Chicken Pox  ..... Typhoid  ..... Cholera  .....

Hepatitis-A  ..... Hepatitis-B  ..... Rubella (F)  .....

Blood Group & Rh .....

Personal Marks of Identification : 1. ....

2. ....

**I declare that all the above information are true and to the best of my knowledge.**

Signature of the Candidate