



# MEDICAL CERTIFICATE OF PHYSICAL FITNESS

Name: ..... Age.....

## HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice .....	Surgeries .....
Tuberculosis .....	Allergy to any drugs/food .....
Congenital troubles .....	Rheumatic heart .....
Epilepsy .....	Respiratory problems .....
Long-term treatment .....	

## FAMILY HISTORY

Blood Dyscrasia/Haemophilia .....	Hypertension .....
Diabetes .....	Asthma.....

## GENERAL PHYSICAL EXAMINATION

ENT Examination .....

Eye .....

Cardio-vascular system .....

Respiratory system .....

Abdominal examination .....

Central nervous system .....

## LABORATORY EXAMINATION

BLOOD - Hb, TC, PC, ESR .....

VDRL ..... RBS ..... Group..... Rh factor:.....

Hbs Ag .....

STOOL - Occult blood .....

Ova/Cyst .....

URINE - Micro .....

## SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date: .....

Address .....

(Doctor's signature and Reg.No.)

Phone: .....

(Seal)