

# CERTIFICATE OF MEDICAL FITNESS

Student's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male/Female \_\_\_\_\_

Paste your most recent  
colour photograph  
  
(Not older than three  
months)

## PERSONAL HISTORY

Alcohol intake: \_\_\_\_\_ Smoking/Chewing \_\_\_\_\_

History of taking any medicine \_\_\_\_\_

History of present or past illness if yes than mention about it \_\_\_\_\_

## PHYSICAL EXAMINATION

Height(cms) \_\_\_\_\_ Weight(kg) \_\_\_\_\_ Respiratory rate(per min) \_\_\_\_\_

Pulse(per min) \_\_\_\_\_ Blood pressure(mm of hg) \_\_\_\_\_

## OPHTHALMOLOGY EXAMINATION

Vision of both right and left eye \_\_\_\_\_ Color Vision \_\_\_\_\_

ENT: Ear / hearing \_\_\_\_\_

## LABORATORY INVESTIGATIONS

Blood group & Rh factor \_\_\_\_\_ CBC \_\_\_\_\_

## RADIOLOGICAL INVESTIGATIONS

Chest x ray PA view \_\_\_\_\_ ECG \_\_\_\_\_

Any two Identification marks:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**I certify that I have carefully examined Sh./Km./Sm. \_\_\_\_\_  
son/daughter of Sh. \_\_\_\_\_, who has signed in my presence.  
He/She has no mental and physical disease and is FIT.**

**Signature of the Candidate**

**Signature of the Medical Officer  
(with stamp)**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_