

MEDICAL FITNESS CERTIFICATE

(To be issued by a single Medical Officer)*

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

TNEA / Consortium Application No:

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Name: _____ Gender: _____

Code & College in which admitted: _____ Date of Birth: _____

Name of the Course: _____

Indicate your response by ticking (√) appropriate one

1. Do you have any minor or major complaint? Yes / No
If Yes, describe _____
2. Are you under regular any medication Yes / No
If Yes, describe _____
3. Are you allergic to any medicine or any others? Yes / No
If Yes, describe _____
4. Have you ever had any operation or been advised any operation? Yes / No
If Yes, describe _____
5. Are you Physically Challenged? Yes / No
If Yes, Indicate: Visual / Hearing / Orthopedic

I declare that the above information is true to the best of my knowledge.

Signature of the Candidate

I. General Information : Height: _____ cms Weight: _____ kgs
 Insp: _____ cms; Exp: _____ cms; Resp. Rate: _____ /min
 B.P: _____ mm Hg Pulse: _____ /min.

II. Blood Group & Rh type : _____

III. Personal marks of Identification : 1. _____
 2. _____

IV. Acuteness of Visio : L _____ R _____

V. Hearing : _____

VI. Remarks :

I do hereby certify that I have examined the above candidate. He / She is fit to join the above mentioned course.

Date :
Place:**REGISTERED MEDICAL OFFICER**
(Seal with Reg.No.)