

MEDICAL FITNESS CERTIFICATE

I have examined Mr./ Ms. Sex.....Age.....

The following are my observations about his / her.

General physique :

Heart

Lungs

Abdominal viscera (With special note on abdominal rings)

Chest measurement:

Normal :cms, Full inhalation :cms, Full expiration :cms

Weight :kgs. Heightm.....cms

Malarial infection, if any :

Previous medical history, if any

Vaccinal conditions*

Whether allergic to any medicine / vaccine :

Eyesight : Right eye : Left eye :

I certify that (Please tick the appropriate box) :

The candidate is not suffering from any disease, contagious, infectious and / or physical / mental infirmity.

The candidate does have the following medical problem

But I do not consider it a disqualification from pursuing engineering / management education and career.

Date

Signature of the medical practitioner

Place

Registration No. :

* The candidate must be vaccinated before joining the college.