

Medical Certificate

Course Applied to

College Applied for

Application Number 20

Personal Details Fill in Capital Letters

Applicant's Name

Father/Guardian's Name

Date of Birth -- Sex Blood Group..... Height (in cm)..... Weight (in Kgs.)

Personal Identification Marks (if any)

Primary Medical Details

Vaccine Details

Age	Years	Months	Vaccine taken	Start Date	End Date
<input type="text"/> Stated .....	.....	.....	.....	.....	.....
Apparent	Years	Months .....	.....	.....	.....
Chest Measurement			.....	.....	.....
<input type="text"/> Stated	Cm		.....	.....	.....
Full inspiration	Cm		.....	.....	.....
Full Expiration	Cm		.....	.....	.....

General Physique

Heart

Lung condition

Abdominal Viscera

Details of any serious disease

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I have examined the candidate and do hereby certify that I have not found that she/he has any disease, constitutional affection or physical/mental infirmity except

I do not consider the above to be a disqualification unfitting him/her now or likely to unfit him/her in the future for active outdoor life as required in the academic programme applied for

Details of any chronic disease

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Signature of the Medical Practitioner with Regd. No.