MEDICAL CERTIFICATE

(May be obtained on this form or on prescription letterhead from any registered allopathic doctor)

I have personally examined Mr. / Ms. / Mrs._____son / daughter of Mr. / Ms. / Mrs._____with date of birth _____ and having permanent residential address at _____

_____

who is a prospective candidate for admission into undergraduate MEDICAL course and observed as follows:

1. Personal identification mark (if any) ……..
2. Apparent age …….. years 3. General Physique ……..
4. Height …… cm 5. Weight …… kg 6. Pulse …… bpm 7. BP (sitting)..... mmHg
8. Chest measurements: a) Relaxed …..… cm b) Full inspiration …..… cm c) Full expiration..... cm
9. Visual acuity: Right eye …… Left eye …… 10. Color vision ……
   (exact acuity optional; mention if glasses / lenses are being used to correct refractive errors)
11. Immunization status:
    a) Tetanus vaccination ❒ Adequate ❒ Inadequate ❒ Uncertain
    b) Hepatitis B vaccination ❒ Adequate ❒ Inadequate ❒ Uncertain
    c) Typhoid vaccination ❒ Adequate ❒ Inadequate ❒ Uncertain
    d) COVID-19 Vaccination ❒ 1st Dose ❒ 2nd Dose ❒ Precautionary Dose
12. Blood group …… 13. Known drug allergies ……..
14. History of major or significant medical / surgical / gynecological / psychiatric illness ……..

    …….
15. Condition of heart ……..……
16. Condition of lungs ……..…
17. State of abdominal viscera ……..……
18. Any other findings ……..…

After examination, I do hereby certify that this subject (strike out whichever is NOT applicable):

- ❒ Has no significant physical / mental illness or disability that may preclude him / her from pursuing basic medical course and is therefore FIT to join the course.
- ❒ Has / may have significant physical / mental illness or disability that requires further assessment to determine suitability for joining basic medical course

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Signature with Registration No.,
Date and Seal of Medical Practitioner