

MEDICAL CERTIFICATE

(To be certified by a Registered Medical Practitioner)

Name..... Sex.....

Height (in centimeters)..... Weight (in Kg.).....

Physical appearance and Musculature.....

Robust/Average/Weak.....

Previous fracture, joint injuries (give details).....

B.P.....

C.N.S

C.V.S

Respiratory System

Liver

Spleen

Hernia sites

Throat

Ears Perforation/discharge/any other (Mention)

.....Hearing.....

Eyes..... Vision with glasses.....

(Colour Blind Partial/Complete)

Any abnormality, physical defect or disability (such as Kyphosis, Scoliosis, Knock Knees, Flat Feet, Obesity).....

History of Epilepsy, Asthma, T.B., Allergy, etc.

Sensitivity to drugs, if any.....

I certify that I have this day carefully examined (name).....

and recorded my observations as given above. **I am satisfied that she/he is FIT/NOT FIT to undergo training in Physical Education which will involve strenuous physical activities and competitive games.**

Note: As per rule each candidate will be medically examined by College Medical officer also, whose decision in this matter will be final and binding.

Date:.....

Signature

Name

Registration No.....

Address

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Signature of the candidate