



### Medical Fitness Certificate

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

1. Weight: \_\_\_\_\_ (kg) Height \_\_\_\_\_ (cm) BP \_\_\_\_\_

2. Blood group: \_\_\_\_\_ 3. Lungs: \_\_\_\_\_

4. Heart: \_\_\_\_\_ 5. Vision: Left Eye \_\_\_\_\_ Right Eye \_\_\_\_\_

Details of Glasses (if worn): \_\_\_\_\_ 6. Hearing: \_\_\_\_\_

7. Any Impediment in Speech: \_\_\_\_\_

8. Any Disability: \_\_\_\_\_

9. Any Neurological / Psychiatric disease, (if yes, please give details). \_\_\_\_\_

10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) \_\_\_\_\_

11. Any significant Disease Diagnosed in the past: \_\_\_\_\_

12. Vaccinated (Yes/No/Partially). \_\_\_\_\_

13. Taking any medicine on regular basis (if yes, please give details). \_\_\_\_\_

14. Allergies if any: \_\_\_\_\_

15. Any Communicable / Contagious Disease: \_\_\_\_\_

16. Mark of Identification: \_\_\_\_\_

(Photograph)

I certify that I have examined Mr / Ms \_\_\_\_\_

Son/Daughter of \_\_\_\_\_ who is an applicant for admission to MBBS/  
BDS Program in Government Medical/Dental Colleges of Punjab and could not notice that he / she has any  
physical or mental disease and is FIT for undertaking studies.

\_\_\_\_\_  
Signature of Doctor with legible seal

PM&DC No: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate (In presence of Doctor)

Dated: \_\_\_\_\_