

MEDICAL FITNESS CERTIFICATE

Medical Fitness Certificate to be issued by Registered Medical Practitioner

(For Students of U.G. & P.G. Admissions)

TNEA Application No:

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Name: _____; Gender: _____

Code & College in which admitted: _____; Date of Birth: _____

Name of the Course : _____

Indicate your response by ticking (√) appropriate one

1. Do you have any minor or major complaint? Yes / No

If Yes, describe _____

2. Are you allergic to any medicine or any others? Yes / No

If Yes, describe _____

3. Have you ever had any operation or been advised any operation? Yes / No

If Yes, describe _____

4. Are you Physically Challenged? Yes / No

If Yes, Indicate: Visual / Hearing / Orthopedic

*I declare that the above information is true to the best of my knowledge.***Signature of the Candidate**

I. General Information	: Height: _____ cms;	Weight: _____ kgs
II.	Insp: _____ cms; Exp: _____ cms;	Resp. Rate: _____ /min
	B.P: _____ mm Hg	Pulse: _____ /min.
III. Blood Group & Rh type	: _____	
IV.		
V. Personal marks of Identification	: 1 _____	
VI.	2 _____	
VII. C.V.S.	:	
VIII. Respiratory System	:	
IX. G.I. System	:	
X. C.N.S	:	
XI. Musculoskeletal System	:	
XII. Examination of Eyes	:	
XIII. E.N.T	:	
XIV. Urinary System	:	
XV. Remarks	:	

I do hereby certify that I have examined the above candidate. He / She is fit to join the above mentioned course.

Date:

Place:

REGISTERED MEDICAL OFFICER
(Seal with Reg.No.)