PROFORMA FOR MEDICAL CERTIFICATE OF FITNESS FROM MBBS QUALIFIED DOCTOR (ON HIS/HER LETTER HEAD OR LETTER HEAD OF THE HOSPITAL)

Name : ……..

Father's Name : ……..

Name of Doctor : ……..

Medical History

a) Blood Group

b) Date of Vaccination: (i) Chicken Pox …… (ii) Hepatitis B ……

c) Injuries in the Recent Past:

d) Allergies to drugs, medicines or any other thing like food item etc.

e) History of current medication (attach sheet if required)

f) Certificate by doctor to state that the student is free from any communicable disease and is not suffering from or ever suffered from diseases which need immediate medical attention like Congenial Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related diseases etc.

Note: If so then the same must be mentioned / declared with the Medical Officer of the University immediately at the time of joining to enable quicker and suitable response in case of emergency.

g) Certified that the candidate is not suffering from any of the following diseases:-

(i) Eschemic Heart Disease
(ii) Kidney/Liver Stone
(iii) Tuberculosis
(iv) HIV
(v) Any Epidemic Disease
(vi) Any physical disability
(vii) Any psychological problems/depressions

Sign. of Student **Sign. of Parents** **Sign. of Medical Officer**

Name:…….. **Name:……..** **Name:……..**