

**MEDICAL EXAMINATION REPORT**  
**(to be issued by a Registered Medical Practitioner)**

**PERSONAL HISTORY**

1. Name .....
2. Registration No.....
3. Parent/Guardian's Name .....
4. Age ..... Years ..... Months      5. Sex .....
6. Identification mark on the body, if any (This can be a mole, scar or birthmark)  
.....
7. Major illness / operation, if any (specify nature of illness / operation)

**MEDICAL CERTIFICATE**

(the following are to be filled by the Medical Officer conducting the medical examination)

1. Height .....cm      2. Weight ..... kg
3. Past History (a) Mental Disease .....  
(b) Epileptic Fit .....
4. Chest (a) Inspiration ..... Cm (b) Expiration ..... Cm
5. Blood Group .....      6. Hearing .....
7. Vision with or without glasses

p.t.o

- |                             |                          |
|-----------------------------|--------------------------|
| (a) Right Eye .....         | (b) Left Eye .....       |
| (c) Colour Blindness .....  | (d) Unocular Vision..... |
| 8. Respiratory system ..... | 9. Nervous system .....  |
| 10. Heart: (a) Sounds ..... | (b) Murmur .....         |
| 11. Abdomen (a) Liver ..... | (b) Spleen .....         |
| 12. (a) Hernia .....        | (b) Hydrocele .....      |
| 13. Any other defects ..... |                          |
- .....

CERTIFIED that ..... son/daughter of .....

.....

- (a) fulfills the prescribed standard physical fitness and is Fit for the course.
- (b) does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects .....
- (c) .....
- .....

Signature of the Medical Officer

Date: .....

Full Name .....

Medical Registration No. ....

Signature of the candidate