

MEDICAL FITNESS CERTIFICATE

Items 1 to 7 to be filled by the candidate

1. Name 2. Surname
(In CAPITAL LETTERS)
3. Age Years Months 4. Sex 5. Course Code : CC - EDA

6. Major illness / operations in the past
7. Identification mark on the body
(This can be a mole, scar or birth mark)

Items 8 to 26 be filled by a Medical Practitioner not below the rank of **Assistant Civil Surgeon from any Government Hospital** conducting the medical examination.

8. Height cm 9. Weight Kg.
10. General Health 11. Chest : Inspiration Cm
and build Expiration Cm
12. Blood Group

13. Vision 14. Ear
Right Eye 15. Nose
Left Eye 16. Throat
Colour Blindness

17. Anemia 21. Skin
_____ a) Infection (If any)

18. Oedema
_____ b) Depigmented and anaesthetic patches (if any)

19. Cervical Glands (Neck)

20. Respiratory System

22. Abdomen 23. Heart
..... a) Blood Pressure

i) Liver i) Systolic
ii) Diastolic

ii) Spleen b) Murmur

24. Nervous System 25. a) Genitalia
26. Remarks by the Medical Officer

Fit i) Hernia
ii) Hydrocele

Provisionally Fit b) Piles : History

Note : If found “Unfit” or “Provisionally fit” please specify extra nature of defect.

(Signature of the Candidate)

(Signature of the Medical Officer)