

CERTIFICATE OF PHYSICAL FITNESS

(To be filled by a Registered Medical Practitioner
in the applicant's country of domicile)

Name of Applicant _____

Sex M/F _____

Marital Status _____

Age _____ Blood _____ Group _____

Nationality _____

Address _____

(City) _____

(Country) _____

Telephone No. _____

Email Address _____

- I. Medical History** (Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future).

IA. History of Any Known Illness / Surgery:-

Raised BP - Yes No If, yes – on Regular treatment - Yes No

DM - Yes No If, yes – on Regular treatment - Yes No

IHD - Yes No If, yes – on Regular treatment - Yes No

Stroke - Yes No If, yes – on Regular treatment - Yes No

Kidney Disease:

Chronic Renal Failure – Yes No If, yes – on Regular treatment - Yes No

Any history of Surgery / prolonged hospitalization (more than 2 weeks)

Yes/No; if yes, details of illness / injury / surgery with duration of illness/
treatment

Any history of loss of appetite - Yes No

Any history of loss of Weight - Yes No

Any history of digestive diseases - Yes No

Family History of : DM HT Obesity

Any known Allergy:- If so, is the patient on any medication / precautions?

II. Physical Examination

Medical condition of:-

Height _____ Weight _____ Chest _____

Head _____ Nose _____ Lungs _____

—
Eyes _____ Pharynx _____ Heart _____

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Ears _____ Neck _____ Reflexes _____

Remarks if any:-

III. Medical Examination:- Routine Blood, (including Fasting & P.P), Urine Test and Chest X-Ray and any other test as deemed fit by the Medical Practitioner (to rule out any chronic disease).

IV. Summary

- 1. I believe this applicant IS / IS NOT physically able to carry on a full course of study, involving long hours of work, in a college or university in India.
- 2. In my opinion the applicant's health and physical condition in general are:

Excellent

Good

Poor

- 3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.
- 4. He / She has no physical condition / ailment which would hinder him from pursuing a full course of study in India. _____()
- 5. He / She present no evidence of any communicable disease or of any chronic fatigue. _____()
- 6. He / She does not have any chronic medical condition which requires regular and sustained medical treatment. _____()

NOTE: If answers to 4, 5 and 6 above are positive, please give details in Remarks column below.

REMARKS

Date

Signature

_____ **Address** _____

IMPORTANT:

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.