



Presidency University

(Private University Estd. in Karnataka State by Act No. 41 of 2013)

Bangalore-560064

CERTIFICATE OF MEDICAL FITNESS To Be Submitted on the Registration Day

Name			
Father's /Mother's Name			
Gender			
Date of Birth		Age (in years)	
Blood Grouping			
Identification Marks			
History of Allergy if any			
History of Medical illness if any			
History of Hospitalization / previous Surgery if any			
History of Current Medication for any illness			
Vaccinated for		Chicken Pox :	
		Hepatitis A:	
		Hepatitis B:	
		Typhoid :	
		TT :	
		Cholera :	
		Others if any:	
He/she is physically disabled (physical impairment/Visual impairment/ speech and hearing impairment etc...)		YES	NO
		If yes, (Please attach the certificates)	

CERTIFICATE OF PHYSICAL FITNESS

(To be obtained only from Qualified (at least MBBS) Medical Practitioner)

NAME OF THE CANDIDATE:

Pulse		/Min	Height		Cms
BP		Mm/ Hg	Weight		Kgs
Bodily Infirmary		BMI			
Communicable Disease		Build			
Pallor	Icterus	Clubbing	Cyanosis	Lymphadenopathy	Oedema
Tonsils		Glands		Teeth	
C V S	Heart Sounds			Murmurs	
R S	Breath Sounds			Added Sounds	
G I S	Liver		Spleen		Any Mass
C N S	Cranial Nerves		Motor System		Sensory System
G.U.S (Male)	Hydrocele		Piles		Phymosis
G.U.S.(Female)	Menstrual History				
Skin					
Hearing		Vision (NV/DV) Normal / Corrected (Power)		Colour Vision	
Other Findings / remarks if any.					

~~(Signature of the candidate)~~

(Signature of Parent/Guardian)

I do hereby certify that I / We have examined Mr./Ms. _____, a Student who wants to get admitted in Presidency University, and whose signature is given above, and our findings are mentioned in the above prescribed format.

Name of the Doctor :

Signature of the Doctor :

Designation :

Date & Place :

Seal with Reg.No. :

Photograph of the
candidate to be
affixed and attested
by the Doctor