



Presidency University

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

Bangalore-560064

CERTIFICATE OF MEDICAL FITNESS

| | | | |
|---|--|--|----|
| 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

