



# 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

