



PRESIDENCY UNIVERSITY

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



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	Chickenpox :		
	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)		