

## 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