

CERTIFICATE OF PHYSICAL FITNESS

PERSONAL DETAILS			
VIT Application Number			
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			
Vaccinate now for		Chicken Pox :	
		Hepatitis A:	
		Hepatitis B:	
		Typhoid :	
		TT :	
		Cholera :	
		Others if any:	

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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 the Parent)

I do hereby certify that I / We have examined Mr. / Ms. _____,
a candidate for student from VIT University, _____ Campus and whose signature is given above, and
cannot discover that he / she has any disease, communicable, otherwise or constitutional affection or bodily
infirmary except that his / her weight is in excess of / below the standard prescribed or except _____

I also certify that he / she has been vaccinated and had booster against Hepatitis A, B, TT, Typhoid, Chicken pox &
Measles

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