CERTIFICATE OF PHYSICAL FITNESS

PERSONAL DETAILS			
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 Infirmity			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 under 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 infirmity 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