

MEDICAL FITNESS CERTIFICATE

Medical Fitness Certificate to be issued by Registered Medical Practitioner
(For Students of U.G. & P.G. Admissions)

TNEA Application No:

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Name: _____; Gender: _____

Code & College in which admitted: _____; Date of Birth: _____

Name of the Course : _____

Indicate your response by ticking (✓) appropriate one

1. Do you have any minor or major complaint? Yes / No
If Yes, describe _____
2. Are you allergic to any medicine or any others? Yes / No
If Yes, describe _____
3. Have you ever had any operation or been advised any operation? Yes / No
If Yes, describe _____
4. Are you Physically Challenged? Yes / No

If Yes, Indicate: Visual / Hearing / Orthopedic

I declare that the above information is true to the best of my knowledge.

Signature of the Candidate

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- I. General Information : Height: _____ cms; Weight: _____ kgs
 - II. :
Insp: _____ cms; Exp: _____ cms; Resp.Rate: _____ /min
B.P: _____ mm HgPulse: _____ /min.
 - III. Blood Group & Rh type : _____
 - IV. : _____
 - V. Personal marks of Identification : 1 _____
 - VI. : 2 _____
 - VII. C.V.S. : _____
 - VIII. Respiratory System : _____
 - IX. G.I.System : _____
 - X. C.N.S : _____
 - XI. Musculoskeletal System : _____
 - XII. Examination of Eyes : _____
 - XIII. E.N.T : _____
 - XIV. Urinary System : _____
 - XV. Remarks : _____

I do hereby certify that I have examined the above candidate. He / She is fit to join the above mentioned course.

Date:

Place:

REGISTERED MEDICAL OFFICER
(Seal with Reg.No.)