

# 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

- I. General Information : Height: \_\_\_\_\_ cms; Weight: \_\_\_\_\_ kgs
- II. Insp: \_\_\_\_\_ cms; Exp: \_\_\_\_\_ cms; Resp. Rate: \_\_\_\_\_ /min  
B.P: \_\_\_\_\_ mm Hg Pulse: \_\_\_\_\_ /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.)