

CERTIFICATE OF PHYSICAL FITNESS
(To be filled by a Registered Medical practitioner
in the applicant's country of domicile)

Name of Applicant _____

Sex M/F _____

Marital Status _____

Age _____ Blood Group _____

Nationality _____

Address _____

(City) _____

(Country) _____

Telephone No. _____

Email Address _____

I. Medical History (Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future).

IA. History of Any Known Illness / Surgery:-

Raised BP -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DM -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IHD -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stroke -	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Kidney Disease:

Chronic Renal Failure – Yes No , **yes – on Regular treatment -** Yes No

Any history of Surgery / prolonged hospitalization (more than 2 weeks)

Yes/No; if yes, details of illness / injury / surgery with duration of illness/ treatment

Any history of loss of appetite - Yes No

Any history of loss of Weight - Yes No

Any history of digestive diseases - Yes No

Family History of : DM HT Obesity

Any known Allergy:- If so, is the patient on any medication / precautions?

II. Physical Examination

Medical condition of:-

Height _____ Weight _____ Chest _____
Head _____ Nose _____ Lungs _____
Eyes _____ Pharynx _____ Heart _____
Ears _____ Neck _____ Reflexes _____

Remarks if any:-

III. Medical Examination:- Routine Blood, (including Fasting & P.P), Urine Test and Chest X-Ray and any other test as deemed fit by the Medical Practitioner (to rule out any chronic disease).

IV. Summary

1. I believe this applicant IS / IS NOT physically able to carry on a full course of study, involving long hours of work, in a college or university in India.

2. In my opinion the applicant's health and physical condition in general are:

Excellent

Good

Poor

3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.

4. He / She has no physical condition / ailment which would hinder him from pursuing a full course of study in India. _____ ()

5. He / She present no evidence of any communicable disease or of any chronic fatigue. _____ ()

6. He / She does not have any chronic medical condition which requires regular and sustained medical treatment. _____ ()

NOTE: If answers to 4, 5 and 6 above are positive, please give details in Remarks column below.

REMARKS

Date _____

Signature _____

Address _____

IMPORTANT:

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.