

MEDICAL CERTIFICATE (ENTRY 2019)

[TO BE SUBMITTED BY THE SELECTED CANDIDATES ONLY]

Photograph of the candidate

No. _____ Date: _____

Place of Issue _____

Application No. : _____

Name of Applicant: _____

Father's Name: _____

Gender: _____**Age:** (on 1st Oct 2019): Years _____ Months _____ Days _____

Identification Mark: _____

Medical Examination

Type of Medical Examination		Results
Eye	Vision	R. Eye
		L. Eye
	Color Vision	
Ear		R. Ear
		L. Ear
Chest X – Ray		
Systematic Examination		B. P.
		Heart
		Lungs
		Abdomen
Others	Hernia	
	Extremities	
	Varicose Veins	
	Skin	
Venereal Diseases:		Clinical:
Neurological / Psychiatric evaluation		

Laboratory Investigation

Type of Medical Examination		Results
Urine	Sugar	
	Albumin	
Stool Routine Examination		
C/P Blood with ESR		
HIV / HBV / HCV		

History of Past Illness

Any history of admission in hospital more than ten days	Yes / No	Syncope	Yes / No
Epilepsy	Yes / No	Asthma	Yes / No
D. M.	Yes / No	Tuberculosis	Yes / No
PU	Yes / No	Hydrocoele	Yes / No
IHD	Yes / No	Hernia	Yes / No
Stroke	Yes / No	Vericocele	Yes / No
Operation	Yes / No	Foreign Visit	Yes / No
Blood Transfusion	Yes / No	Vaccinated	Yes / No

Remarks:

FIT / UNFIT

Signature & Office Seal: _____