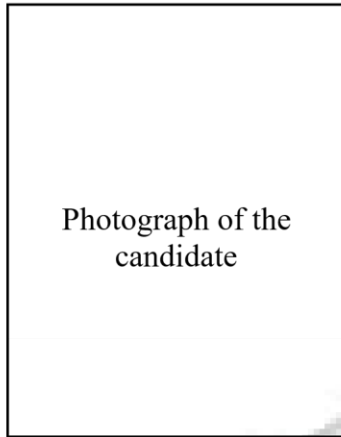


MEDICAL CERTIFICATE (ENTRY 2021)
[TO BE SUBMITTED BY THE SELECTED CANDIDATES ONLY]



No. _____ Date: _____

Place of Issue _____

Application No.: _____

Name of Applicant: _____

Father's Name: _____

Gender: _____

Age: (on 15th Nov 2021): 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: _____

Proforma for Medical History for Entry 2021

UNIVERSITY OF ENGINEERING & TECHNOLOGY, TAXILA

Part - A

Name: _____ Father's Name _____
CNIC _____ Cell: _____ D.O.B: _____
Gender: _____ Department: _____
Address: _____

Part -B

Family history of any medical psychiatric illness	
Past medical and surgical history if any	
History of substance use in family	
Decreased appetite and loss of weight	

Part -C

Overall general physical health and appearance	
Height	
Weight	
Blood Pressure	
Temperature	
Pulse Rate	
Respiratory Rate	
Any obvious structural abnormality on inspection	
Any superficial cuts, needle marks, or burn marks on skin	

Signature & Office Seal: _____