FORM F-V

UNIVERSITY OF ENGINEERING AND TECHNOLOGY TAXILA

MEDICAL CERTIFICATE (ENTRY 20___)

[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 19th August 2024): 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: _____

UNIVERSITY OF ENGINEERING AND TECHNOLOGY TAXILA
Proforma for Medical History for Entry 20___

Part -A

Name: ____________________________ **Father's Name** ______________________________

CNIC: _________________________ **Cell:** _______________ **Date Of Birth** _________________

Gender: _____________ **Department:** ____

Address: ____

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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: ___________________________________

Date: ____________________