

MEDICAL FITNESS CERTIFICATE

Name of candidate; Age Sex.....						
LT	MI				Color Vision	
Height	Weigh	Chest	VISION		without Glass	
Abdomen				With Glass		
History		Operation	Kockh's	Colics	B.P.	B.G.
		Seizures	Asthma	Piles	Diabetes	
		Pulse	Tonsil	DNS	Hernia	
		Pallor	L.nodes	CSOM	Hydrocele	
Cardiovascular				CNS		
Respiratory				GIT		
Genitourinary				Others		
Is the candidate physically handicapped:				Yes/No		
If Yes, Type of Handicap (Please Tick)				Type-1- One Leg Defective or Missing		
				Type-II-One Hand Defective or Missing		
				Type III- One Eye Defective or Missing		
				Type IV- One Hand and One Leg Defective		
Any Other Type of Handicap (Please Specify):						

Any Other Findings:

Certified that the Candidate is Physical/Fit/Unfit/Temporarily to Pursue Pharmacy Studies.

Signature of Candidate

Date:-.....

Signature of Issuing Medical Officer

(With Official Stamp)