

MEDICAL CERTIFICATE

ENROLMENT NO.

APPLICATION NO.

OVERALL STATE RANK-

I HAVE EXAMINED SRI / SM

.....
A candidate for admission into the MEDICAL / DENTAL DEGREE COLLEGES & observed as follows :

1. Personal Mark of Identification :
2. Apparent Age : years
3. Chest Measurement
 a) Normal : cms.
 b) Full Inspiration : cms.
 c) Full Expiration : cms.
4. Height cms.
5. Weight cms.
6. Eye Sight : Right Eye : Left Eye: Colour Blindness:
7. Immunisation Status :
8. General Physique :
9. Heart :
10. Lungs :
11. Abdominal Viscera :
12. Blood Group :

I do hereby certify that I cannot discover that he / she has any disease constitutional affectional of bodily and mental infirmity

I consider the above candidate FIT to join his Medical or Dental Institution.

Dated.....

(SIGNATURE OF REGD. MEDICAL PRACTITIONER)

REGD.NO.....

(SEAL)