

## CERTIFICATE OF PHYSICAL FITNESS

<b>PERSONAL DETAILS</b>			
Name			
Gender			
Date of Birth		Age (in years)	
Blood Grouping			
Identification Marks			
History of Allergy if any			
History of Medical illness if any			
History of Hospitalization / previous Surgery if any			
History of Current Medication for any illness			
Vaccinate now for		Chicken Pox :	
		Hepatitis A:	
		Hepatitis B:	
		Typhoid :	
		TT :	
		Cholera :	
		Covid 19 :	
		Others if any:	

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**NAME OF THE CANDIDATE:**

Pulse			/Min	Height			Cms
BP			Mm/ Hg	Weight			Kgs
Bodily Infirmary			BMI				
Communicable Disease			Build				
Pallor	Icterus	Clubbing	Cyanosis	Lymphadenopathy		Oedema	
Tonsils		Glands		Teeth			
C V S		Heart Sounds		Murmurs			
R S		Breath Sounds		Added Sounds			
G I S		Liver		Spleen		Any Mass	
C N S		Cranial Nerves		Motor System		Sensory System	
G.U.S (Male)		Hydrocele		Piles		Phymosis	
G.U.S.(Female)		Menstrual History					
Skin							
Hearing		Vision (NV/DV) Normal / Corrected (Power)			Colour Vision		
Other Findings / remarks if any.							

\_\_\_\_\_  
(Signature of the candidate)

\_\_\_\_\_  
(Signature of the Parent)

I do hereby certify that I / We have examined Mr. / Ms. \_\_\_\_\_, a candidate for student under VIT-AP University, \_\_\_\_\_ Campus and whose signature is given above, and cannot discover that he / she has any disease, communicable, otherwise or constitutional affection or bodily infirmity except that his / her weight is in excess of / below the standard prescribed or except \_\_\_\_\_

I also certify that he / she has been vaccinated and had booster against Hepatitis A, B, TT, Typhoid, Chicken pox, Measles & Covid 19.

Name of the Doctor :  
Signature of the Doctor :  
Designation :  
Date & Place :  
Seal with Reg.No. :

Photograph of the candidate to be affixed and attested by the Doctor
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