

**CERTIFICATE OF PHYSICAL FITNESS**(To be filled by a Registered Medical practitioner  
in the applicant's country of domicile)

Name of Applicant \_\_\_\_\_

Sex M/F \_\_\_\_\_

Marital Status \_\_\_\_\_

Age \_\_\_\_\_ Blood Group \_\_\_\_\_

Nationality \_\_\_\_\_

Address \_\_\_\_\_

(City) \_\_\_\_\_

(Country) \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

- I. **Medical History** (Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future).

**IA. History of Any Known Illness / Surgery:-**

Raised BP - Yes  No  If, yes – on Regular treatment - Yes  No

DM - Yes  No  If, yes – on Regular treatment - Yes  No

IHD - Yes  No  If, yes – on Regular treatment - Yes  No

Stroke - Yes  No  If, yes – on Regular treatment - Yes  No

Kidney Disease:

**Chronic Renal Failure** – Yes  No  If, yes – on Regular treatment - Yes  No

**Any history of Surgery / prolonged hospitalization (more than 2 weeks)**

Yes/No; if yes, details of illness / injury / surgery with duration of illness/ treatment

Any history of loss of appetite - Yes  No

Any history of loss of Weight - Yes  No

Any history of digestive diseases - Yes  No

Family History of : DM  HT  Obesity

Any known Allergy:- If so, is the patient on any medication / precautions?

## II. Physical Examination

### Medical condition of:-

Height \_\_\_\_\_ Weight \_\_\_\_\_ Chest \_\_\_\_\_

Head \_\_\_\_\_ Nose \_\_\_\_\_ Lungs \_\_\_\_\_

Eyes \_\_\_\_\_ Pharynx \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Neck \_\_\_\_\_ Reflexes \_\_\_\_\_

### Remarks if any:-

III. **Medical Examination:-** Routine Blood, (including Fasting & P.P), Urine Test and Chest X-Ray and any other test as deemed fit by the Medical Practitioner (to rule out any chronic disease).

## IV. Summary

1. I believe this applicant IS / IS NOT physically able to carry on a full course of study, involving long hours of work, in a college or university in India.
2. In my opinion the applicant's health and physical condition in general are:

**Excellent**

**Good**

**Poor**

3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.  
\_\_\_\_\_ ( )
4. He / She has no physical condition / ailment which would hinder him from pursuing a full course of study in India.  
\_\_\_\_\_ ( )
5. He / She present no evidence of any communicable disease or of any chronic fatigue.  
\_\_\_\_\_ ( )
6. He / She does not have any chronic medical condition which requires regular and sustained medical treatment.  
\_\_\_\_\_ ( )

NOTE: If answers to 4, 5 and 6 above are positive, please give details in Remarks column below.

**REMARKS**

Date

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:**

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.