



MEDICAL FITNESS CERTIFICATE

Name: _____	(Photograph)
Father's Name: _____	
Gender: _____ Age: _____	
1. Weight: _____ (kg) Height: _____ (cm) BP: _____	
2. Blood Group: _____ 3. Lungs: _____	
4. Heart: _____ 5. Vision Left Eye: _____ Right Eye: _____	
Details of Glasses (if worn): _____ 6. Hearing: _____	
7. Any Impediment in Speech: _____	
8. Any Disability: _____	
9. Any Neurological / Psychiatric Disease, (if yes, please give details): _____ _____	
10. Suffering from Hepatitis B or C / HIV (AIDS): _____	
11. Any Significant Disease Diagnosed in the past: _____	
12. Vaccinated (Yes / No / Partially): _____	
13. Taking any medicine on regular basis (if yes, please give details): _____ _____	
14. Allergies if any: _____	
15. Any Communicable / Contagious Disease: _____	
16. Mark of Identification: _____	

I certify that I have examined Mr. / Miss. _____
S / D / O. _____ who is an applicant for admission to
MBBS Program in Nishtar Medical College, Multan and could not notice that he / she has any physical or
mental disease and is **FIT** for undertaking studies.

Signature of Doctor with Legible seal

PM&DC / PMC No. _____

Dated: _____

Signature of Candidate (in presence of Doctor)

Dated: _____