

**PROFORMA FOR MEDICAL EXAMINATION AND CERTIFICATE
OF FITNESS FOR STUDENT**

Date of Examination

I. Personal data:

1. Name.....

2. Age.....

3. Sex.....M/F.....

4. Qualification.....

5. Identification Marks: (1).....

(2).....

6. Personal history:

Smoking: Y / N

Alcohol: y/N

7. Family details: Married/Unmarried...

8. No. of children.....

9. Systemic examination:

RS.....

CVS.....

CNS.....

GIT

Eyesight.....

10. General Examination:

Height.....Cms

Weight.....Kg

Nutritional Status:.....

Pulse.....

Blood pressure.....mm Hg.

Hb.....

Blood group.....

Place :

Date :

(Signature of Medical Officer)

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