

FORM G

(FOR OFFICE USE ONLY)

CERTIFICATE OF MEDICAL FITNESS

(To be completed by parents prior to entry into the university)

Personal Details

- 1. Name of Student:
.....
- 2. Date of Birth: Age
.....
- 3. Name of Parent or Guardian:
.....
- 4. Course: Stream :
.....
- 5. Hotel Name : Room No.
.....
- 6. Telephone: Emergency Local Contact No
..... (If any)
- 7. E-Mail:
.....
.....

MEDICAL HISTORY

Does your ward have any of the following conditions?

- | | |
|--|-------------------------------------|
| Asthma Yes..... No..... | Hypertension Yes..... No..... |
| Diabetes mellitus Yes..... No..... | Heart disease Yes..... No..... |
| Tuberculosis Yes..... No..... No..... | Epilepsy/seizure disorder Yes..... |
| Mental illness Yes..... No..... | Kidney disease Yes..... No..... |
| Liver disease Yes..... No..... | Allergies Yes..... No..... |
| Drug addiction Yes..... No..... | Any drug Allergies Yes..... No..... |

If yes to any/some of the above, kindly give details:
.....

Is your ward presently on medication Yes..... No.....

Kindly give details including names of medication and dosages
.....

.....
.....

Name of the Doctor
..... and his/her

Contact No Registration Number-----

Hereby declare that all the above mentioned details provided are correct and best of my knowledge and I am submitting all the related records with this Medical Certificate.

PLACE:

Name and Signature
of Mother/Father

DATE:

THE CANDIDATE MUST BE MEDICALLY FIT AS PER THE COURSE REQUIREMENT