|  |
| --- |
| **MEDICAL CERTIFICATE** **(to be issued by a Registered Medical Practitioner)**  |
| **1**  |  Name of the candidate: Gender:  |
| **2**  |  Identification Mark (a mole, scar or birthmark), if any  |
| **3**  |  Major illness/operation, if any (specify nature of illness/operation)  |
| **4**  |  Height in cm: Weight in kg: Blood Group:  |
| **5**  |  Past History  | 1. Mental illness
2. Epileptic Fit
 |
| **6**  |  Chest (a) Inspiration in cm (b) Expiration in cm  |
| **7**  |  Hearing  |
| **8**  |  Vision with or without glasses:  | Right Eye  | Left Eye  | Colour Blindness  | Uniocular vision (having vision in only one eye)  |
| **9**  |  Respiratory System  |
| **10**  |  Nervous System  |
| **11**  |  Heart (a) Sounds (b) Murmur  |
| **12**  | Abdomen 1. Liver
2. Spleen
 | Hernia  | Hydrocele  |
|    | **Any other defects:**  **Certificate of Medical Fitness**  The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for joining as Project Staff at IIPE Visakhapatnam The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:     Name of the Doctor Regn. No Signature with date  Seal  |