Health Science

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Performa, as given below on a **Letterhead** or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

| This is to certify that I ha | ave conducted clinical examination of |
|---|---|
| Mr./Ms | who is desirous of admission |
| to Health Science Courses. | |
| He/she has not given any personal history of any disease incapacitating him/her to | |
| undergo the professional course. Also, on clinical examination it has been found that he/she | |
| is medically fit to undergo the professional course. | |
| Certified that he/she fulfills the following criteria. | |
| Absence of any incapacitating and /or progressive systemic disease/disorder/condition, Absence of any disability of upper limb/s. Absence of any major visual/ auditory disability. Absence of psychosis/neurosis/mental retardation, Ability to maintain erect posture, Reasonable manual dexterity. Though, following deviations have been revealed, in my opinion, these are not | |
| impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / | |
| Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / | |
| Prosthetics & Orthotics / BSc Nursing. (Strike, which is not applicable): | |
| 1 | |
| 2 | |
| 3 | |
| Address of the Registered Medical Practitioner | Signature |
| | Name |
| | Registration No. |
| Date : | Seal of Registered Medical Practitioner |

