



**DEV BHOOMI**  
**—UTTARAKHAND—**  
**UNIVERSITY**

(Notified by Govt. of India u/s 2(f) of the U.G.C. Act, 1956)



## MEDICAL CERTIFICATE

**(To be issued by a Registered Medical Practitioner)**

Name of the Student \_\_\_\_\_ Admission No. \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Gender \_\_\_\_\_ Identification Mark \_\_\_\_\_

Height in cm \_\_\_\_\_ Weight in kg \_\_\_\_\_ Blood Group \_\_\_\_\_ HB% \_\_\_\_\_

### **History of any signification past or present illness/prolonged illness :**

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Others \_\_\_\_\_

### **General Medical Record**

Is there any significant condition the school needs to be aware of about your child's main systems and organs ?

\_\_\_\_\_  
\_\_\_\_\_

### **Is your child allergic to ;**

Any medicine \_\_\_\_\_ Any food \_\_\_\_\_ Anything Else \_\_\_\_\_

Does your child wear spectacles \_\_\_\_\_ Does your child suffer from any kind of colour blindness \_\_\_\_\_

Doctor's Remarks / Suggestions \_\_\_\_\_

\_\_\_\_\_

### **Certificate of Medical Fitness**

☐

The candidate fulfills the prescribed standard physical fitness, medical fitness and is FIT for admission to any programme

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The Candidate does not fulfill 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 Seal and Date**