

Nepal Theological College

Medical Certificate of Physical Fitness

Name: _____ Age: _____

HISTORY OF ANY PREVIOUS ILLNESS/MEDICATION:

Jaundice _____

Tuberculosis _____

Congenital troubles _____

Rheumatic heart _____

Epilepsy _____

Respiratory problems _____

GENERAL PHYSICAL EXAMINATION:

ENT Examination: _____

Eye: _____

Cardio-vascular system: _____

Respiratory system: _____

Abdominal examination: _____

Central nervous system: _____

LABORATORY EXAMINATION:

BLOOD - Hb, TC, PC, ESR _____

VDRL _____ RBS _____ Group _____

Hbs Ag _____

STOOL - Occult blood _____

Ova/Cyst _____ URINE - Micro _____

SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT:

I hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive program of study.

Date: _____

(Doctor's signature and Reg.No.)

Address: _____