

## MEDICAL CERTIFICATE

(To be obtained from a Medical Officer having minimum M.B.B.S. degree)

This certificate has to be submitted by the student at the time of taking admission in GLA University, Mathura

### Personal Details

Name of Candidate :		Gender:
Father's Name :	Date of Birth	Blood Group
Mother's Name :		

### Medical History

Surgery/Fracture	Blood Transfusion
Hepatitis	Pulmonary Koch's
Hypertension	Diabetes Mellitus
Allergies/Asthma	Seizures

I \_\_\_\_\_ solemnly affirm that the details of my medical history supplied by me to the doctor are accurate to the best of my knowledge. I shall be solely held responsible for any discrepancies therein.

Date:

Signature of Candidate

### General Examination

Pulse ____ /minute	BP ____ / ____ mmHg	Weight ____ kg	Height ____ cms
Pallor	Icterus	Lymphadenopathy	

### Systemic Examination

Central Nervous System	
Cardiovascular System	
Respiratory System	
Musculoskeletal System	
Genitourinary System	
Abdomen	
Skin/Hair	
Eyes	
Ears	

Any other significant findings (please specify any findings related to colour blindness / depression / psychological behaviour or any other medical issue, if found) \_\_\_\_\_

Certified that the candidate is fit/unfit/temporarily unfit to pursue his/her studies.

Date:

Signature and seal of Medical Officer

MCI/State Medical Council Registration Number \_\_\_\_\_

**Note:** Keeping in view future employment prospects and selection in organizations/companies, candidates are advised to get any visual, speech, hearing or loco-motor impairments further evaluated by relevant medical/ surgical specialists.