DR. HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

DEPARTMENT OF PHYSICAL EDUCATION

Admission into B.P.E.S. course

चिकित्सा प्रमाणपत्र
(चिकित्सा अधिकारी द्वारा प्रमाणित)
MEDICAL CERTIFICATE
(To be certified by a Registered Medical Officer)

1. Name:-_____Sex:- _____(M/F) Blood Gr._____
2. Height (in cm):-_____ Weight(in kg):-_____
3. Physical appearance and Musculature:- Robust/Average/Weak
4. Previous History of Fracture or other injuries (Give Details):-
   _____
   _____
5. C.N.S.:-_____
6. C.V.S.:-_____
1. Respiratory System:-_____
2. Liver:-_____
3. Spleen:-_____
4. Hernia Site:-_____
5. Throat:-_____
6. Ears (Perforation/Discharge/Any other) :-_____
   _____
7. Hearing:-_____
8. Eyes:-_____ Vision(Without Glass):-_____
   Color Blind (Partial/Complete):- _____
9. Any Body deformity (Such as Kyphosis, Lordosis, Scoliosis, Knock Knee, Bow Legs Flat Feet etc):-_____
10. History of Epilepsy, Asthma, T.B., V.D., Allergy, etc.:-_____
    _____
11. Sensibility to drugs ,if any :-_____

I certify that I have this day carefully examined (Name)_____
And have recorded my observation as given above. I am satisfied that he /she is fit/unfit for undergoing training in Physical Education which involves strenuous physical activities and competitive games. I further certify that the candidate has been inoculated/vaccinated for:

(a) Tetanus:_____ (b) Typhoid :_____
(c) Chickenpox :_____ (d) Hepatitis-b:_____
(e) Any Other:_____

Signature of the Candidate

Signature:_____
Name:_____
Reg. No._____
Address:_____
Seal:

Date:_____