Annexure 2

PROFORMA FOR MEDICAL CERTIFICATE OF FITNESS FROM MBBS QUALIFIED DOCTOR

(ON HIS/HER LETTER HEAD OR LETTER HEAD OF THE HOSPITAL)

Name : ……..

Father's Name : ……..

Name of Doctor : ……..

Medical History :

a) Blood Group :

b) Injuries in the Recent Past:

c) Allergies to drugs, medicines or any other thing like food item etc.:

d) History of current medication (attach sheet if required):

e) Certificate by doctor to state that the student is free from any communicable disease and is not suffering from or ever suffered from diseases which need immediate medical attention like Congenial Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related diseases etc.

Note: If so then the same must be mentioned / declared with the medical officer of the Institute immediately at the time of joining to enable quicker and suitable response in case of emergency

Sign. of Student **Sign. of Parent** **Sign. of Medical Officer**

This certificate has to be signed either by Chief Medical Officer or any Registered Medical Practitioner.