



## Medical Fitness Certificate

Roll No/Registration No: -----

Name: -----

Father's Name: -----

Gender: -----

Age: -----

(Photograph)

1. Weight:----- (kg) Height ----- (cm) BP -----

2. Lungs: ----- Blood Gp. -----

3. Heart: -----

4. Vision: Left Eye ----- Right Eye ----- Details of Glasses (if worn): -----

5. Hearing: -----

6. Any Impediment in Speech: -----

7. Any Disability: -----

8. Any Neurological / Psychiatric disease, (if yes, please give details). -----

9. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) -----

10. Any significant Disease Diagnosed in the past: -----

11. Vaccinated (Yes/No/Partially). -----

12. Taking any medicine on regular basis (if yes, please give details). -----

13. Allergies if any: -----

14. Any Communicable / Contagious Disease: -----

15. Mark of Identification: -----

I certify that I have examined Mr / Ms -----Son / Daughter of -----  
----- who is an applicant for admission to Undergraduate/ Postgraduate Program at  
NUST and could not notice that he / she has any physical or mental disease and is FIT for undertaking studies.

<b>Signature of Doctor with legible seal</b>	
PM & DC No:	
<b>Dated:</b>	<b>Signature of Candidate (In presence of Doctor)</b>
	<b>Dated:</b>

**Note for Candidate:** Please present your medical fitness certificate at the concerned NUST College/School at the time of joining.

### **MEDICAL STANDARDS FOR ADMISSION**

Study at NUST demands good physique and stamina. An applicant must have sound health so as to bear the strain