



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.

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

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