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	
PM & DC No:	***Signature of Candidate (In presence of Doctor)***
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