

# Format For Certificate Of Medical Fitness

( ON DOCTOR'S LETTER HEAD )

This is to certify that I have conducted clinical examination of Mr./Ms.....  
..... who is desirous of admission to  
the course in Health Sciences.

He/She has not given any personal history of any disease incapacitating him/her to undergo  
the professional course. Also, on clinical examination it has been found that he/she is medically fit  
to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of posture,  
locomotion, vision, hearing or any other systemic disorder.

Though, following deviations have been revealed, in my opinion, these are not impediments  
to pursue a career in Medicine/ Dentistry.

1.

2.

3.

## REGISTERED MEDICAL PRACTITIONER

Seal & Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Address : \_\_\_\_\_

Date : \_\_\_\_\_

