



## Medical Fitness Certificate

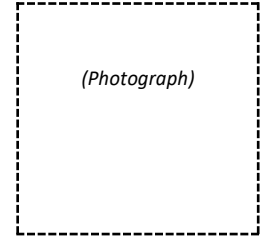
Roll No/Registration No: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_



1. Weight: \_\_\_\_\_ (kg) Height: \_\_\_\_\_ (cm) BP \_\_\_\_\_

2. Blood group: \_\_\_\_\_ 3. Lungs: \_\_\_\_\_

4. Heart: \_\_\_\_\_

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

6. Hearing: -----

7. Any Impediment in Speech: -----

8. Any Disability: -----

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

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

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

12. Vaccinated against COVID-19 (Yes/No/Partially). -----

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

14. Allergies if any: -----

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

16. Mark of Identification: -----

17. I certify that ( tick ✓ the relevant)

a) I have not been tested positive for COVID-19.

b) If positive date of test \_\_\_\_\_

Duration of treatment from \_\_\_\_\_ to \_\_\_\_\_.

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.

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

**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 of the course.