



## CENTRAL INSTITUTE OF PLASTICS ENGINEERING & TECHNOLOGY

### MEDICAL FITNESS CERTIFICATE

Items 1 to 7 to be filled by the student

1. Name .....  
(in CAPITAL LETTERS)

4. Hall Ticket No.....

2. Age..... Years..... Months.....

3. Sex.....

5. Course Code.....

6. Major illness/operations in the past.....

7. Identification mark on the body.....  
(This can be a mole,scar or birth mark)

Items 8 to 25 to be filled by a Medical Practitioner not below the rank of **Civil Assistant Surgeon from any Government Hospital** conducting the medical examination

8. Height..... cm

9. Weight..... kg.

10. General Health.....

10. Chest : Inspiration..... cm.

and build.....

Expiration..... cm

12. Blood Group.....

13. Vision.....

14. Ear.....

Right Eye.....

15. Nose.....

Left Eye.....

16. Throat.....

Colour Blindness.....

(Please Turn Over)

17. Anaemia.....

21. Skin.....

a) Infection (if any) .....

18. Oedema.....

b) Depigmented and anaesthetic patches (if any)

19. Cervical Glands (Neck).....

20. Respiratory System.....

22. Abdomen.....

23. Heart.....

a) Blood Pressure.....

i) Liver.....

i) Systolic.....

ii) Diastolic.....

ii) Spleen .....

b) Murmur.....

24. Nervous System.....

25. Genitalia.....

26. Remarks by the Medical Officer

Fit.....

i) Hernia.....

ii) Hydrocele.....

Proviionally Fit.....

b) Piles : History.....

Note : If found " Unfit" or " Provisionally fit" please specify exact nature of defect.

(Signature of the Student)

(Signature of the Medical officer)  
Name & Address with Official Seal