



WAH MEDICAL COLLEGE

WAH CANTT

Medical Fitness Certificate

Picture

NUMS Merit No: _____

College Roll No: _____

Name: _____

Father's / Guardian's Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Medical Examination Details (To be completed by the Medical Officer)

Height: ____ ft ____ in Weight: _____ kg

Blood Group: _____ Blood Pressure: _____

Vision: Left Eye: _____ Right Eye: _____

Any injury: _____

Any allergies _____

Any other notifiable medical history _____

Any psychological / psychiatric disease _____

Any chronic / other issue _____

Following Documents to be attached:

Hepatitis B Vaccination Certificate _____

Medical Declaration

I hereby certify that I have carefully examined the above-mentioned student and he/she has undergone the following tests: -

Urine R/E _____ Chest X-ray _____ HBsAg _____

Anti-HCV screening from a registered hospital _____ (Reports to be attached)

The student does not suffer from any communicable or chronic illness that would interfere with academic activities. I declare him/her medically, physically and mentally fit for undertaking medical studies.

Doctor's Details

Name of Medical Officer: _____

Qualification: _____ PM&DC Registration Number: _____

Hospital / Clinic Name & Address: _____

Signature: _____ Stamp: _____

Date: _____ Signature of Candidate: _____