

# CERTIFICATE OF PHYSICAL FITNESS

(To be filled by a Registered Medical practitioner  
in the applicant's country of domicile)

Name of Applicant

KELVIN ARON MTOBESYA.

Sex M/F

MALE

Marital Status

SINGLE

Age

32 YEARS.

Blood Group

O POSITIVE (O<sup>+</sup>ve)

Nationality

TANZANIAN

Address

P.O. BOX

(City)

MWANZA

(Country)

TANZANIA

Telephone No.

+255756419322.

Email Address

Kelvinmtobesya@gmail.com

- I. **Medical History** (Please give details of any past medical condition which may adversely impact the patient's health at the current time or in the near future).

IA. **History of Any Known Illness / Surgery:-**

Raised BP -	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	<input type="checkbox"/>
DM -	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	<input type="checkbox"/>
IHD -	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	<input type="checkbox"/>
Stroke -	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If, yes – on Regular treatment -	Yes <input type="checkbox"/>	<input type="checkbox"/>

Kidney Disease:

Chronic Renal Failure – Yes ☐ No ☒ , yes – on Regular treatment - Yes ☐ No ☐

**Any history of Surgery / prolonged hospitalization (more than 2 weeks)**

Yes/No; if yes, details of illness / injury / surgery with duration of illness/ treatment

Any history of loss of appetite - Yes ☐ No ☒

Any history of loss of Weight - Yes ☐ No ☒

Any history of digestive diseases - Yes ☐ No ☒

Family History of : DM ☐ HT ☒ Obesity ☐

Any known Allergy:- If so, is the patient on any medication / precautions?

## II. Physical Examination

### Medical condition of:-

Height 172 cm. Weight 86 kgs. Chest Normal Chest Examination.  
Head No Hx of Trauma Nose No Hx of nasal bleeding Lungs Normal Lungs test.  
Eyes No Eye problems Pharynx No Pharynx Problems Heart No Heart problem.  
Ears No Ear Problems. Neck No Herniated disk of the Neck Reflexes Normal Reflexes

### Remarks if any:-

III. **Medical Examination:-** Routine Blood, (including Fasting & P.P), Urine Test and Chest X-Ray and any other test as deemed fit by the Medical Practitioner (to rule out any chronic disease).

## IV. Summary

1. I believe this applicant IS / IS NOT physically able to carry on a full course of study, involving long hours of work, in a college or university in India.

2. In my opinion the applicant's health and physical condition in general are:

**Excellent** ✓

**Good**

**Poor**

3. I certify that the applicant is up-to-date on routine vaccinations including, among others, MMR, DPT, Varicella, Hepatitis A & B etc.

4. He / ~~She~~ has no physical condition / ailment which would hinder him from pursuing a full course of study in India.

No Physical Condition observed (-)

5. He / ~~She~~ present no evidence of any communicable disease or of any chronic fatigue.

No any Comm. disease (-)

6. He / ~~She~~ does not have any chronic medical condition which requires regular and sustained medical treatment.

No any Chronic Medical Condition

NOTE: If answers to 4, 5 and 6 above are positive, please give details in Remarks column below.

## REMARKS

Date

Signature

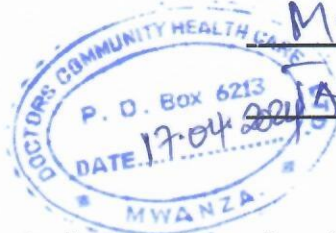
Address

[Signature]

P.O. Box 6213

MWANZA

TANZANIA.



## IMPORTANT:

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.