

## **PHYSICAL EXAMINATION FOR MEDICAL FITNESS CERTIFICATE**

No \_\_\_\_/\_\_\_\_/\_\_\_\_

Dated. \_\_\_\_\_

Mr./Ms./Mrs. \_\_\_\_\_

S/O, D/O, /W/O. \_\_\_\_\_

Age. \_\_\_\_\_ Sex. \_\_\_\_\_ Designation. \_\_\_\_\_

Place of Birth. \_\_\_\_\_ Passport # \_\_\_\_\_

Country applied for. \_\_\_\_\_

### **General Examination:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Physical Deformity (if any) \_\_\_\_\_

B.P. \_\_\_\_\_ mmHg, \_\_\_\_\_ min, Pallor \_\_\_\_\_ Clubbing \_\_\_\_\_

Lymph node \_\_\_\_\_ Thyroid \_\_\_\_\_ Skin \_\_\_\_\_

### **Eye Sight:**

Right Eye \_\_\_\_\_

Left Eye \_\_\_\_\_

Heart \_\_\_\_\_

Abdomen \_\_\_\_\_

### **Hearing:**

Right Ear \_\_\_\_\_

Right Ear \_\_\_\_\_

Chest \_\_\_\_\_

C.N.S \_\_\_\_\_

### **Investigations:**

X-Ray Chest \_\_\_\_\_

Blood CP&ESR \_\_\_\_\_

Urine R/E \_\_\_\_\_

Anti HCV/HB AG's \_\_\_\_\_

Blood Group \_\_\_\_\_

VDRL Syphilis \_\_\_\_\_

HIV \_\_\_\_\_

Any other \_\_\_\_\_

Remarks: FIT / UNFIT / DEFERRED

*(To be signed and stamped by authorized  
Medical Officer of Government Hospital)*