

# JASPAL RANA INSTITUTE OF EDUCATION & TECHNOLOGY

(Approved by N.C.T.E)

(Affiliated by Uttarakhand Technical University)

Village - Mazhon, P.O-Poundha, Dehradun, Uttarakhand

Admission in B.P.Ed. (One Year)/B.P.E. (Three Year) course

चिकित्सा प्रमाणपत्र

(शासकीय चिकित्सा अधिकारी द्वारा प्रमाणित)

**MEDICAL CERTIFICATE**

(To be certified by a government medical officer)

- Name:- \_\_\_\_\_ Sex:- \_\_\_\_\_ (M/F) Blood Gr. \_\_\_\_\_
- Height (in cm):- \_\_\_\_\_ Weight (in kg):- \_\_\_\_\_
- Physical appearance and Musculature:- Robust/Average/Weak
- Previous History of Fracture or other injuries (Give Details):-  
\_\_\_\_\_  
\_\_\_\_\_
- C.N.S.:- \_\_\_\_\_
- C.V.S.:- \_\_\_\_\_
- Respiratory System:- \_\_\_\_\_
- Liver:- \_\_\_\_\_
- Spleen:- \_\_\_\_\_
- Hernia Site:- \_\_\_\_\_
- Throat:- \_\_\_\_\_
- Ears (Perforation/Discharge/Any other) :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Hearing:- \_\_\_\_\_
- Eyes:- \_\_\_\_\_ Vision (Without Glass):- \_\_\_\_\_  
Color Blind (Partial/Complete):- \_\_\_\_\_
- Any Body deformity (Such as Kyphosis, Lordosis, Scoliosis, Knock Knee, Bow Legs Flat Feet etc):  
\_\_\_\_\_  
\_\_\_\_\_
- History of Epilepsy, Asthma, T.B., V.D., Allergy, etc.:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Sensibility to drugs, if any :- \_\_\_\_\_

I certify that I have this day carefully examined (Name) \_\_\_\_\_

And have recorded my observation as given above. I am satisfied that he /she is fit/unfit for undergoing training in Physical Education which involves strenuous physical activities and competitive games. I further certify that the candidate has been inoculated/vaccinated for:

- (a) Tetanus: \_\_\_\_\_ (b) Typhoid : \_\_\_\_\_  
(c) Chickenpox : \_\_\_\_\_ (d) Hepatitis-b: \_\_\_\_\_  
(e) Any Other: \_\_\_\_\_

Signature of the Candidate

Signature: \_\_\_\_\_

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

Reg. No. \_\_\_\_\_

Address: \_\_\_\_\_

Seal:

Date: \_\_\_\_\_