

# GURU GOBIND SINGH COLLEGE FOR WOMEN

## SECTOR 26, CHANDIGARH

### Medical Fitness Record

College Roll No. .... Class .....

Student's Name

Date of Birth

Father's Name

Mother's Name

Permanent Address .....

Telephone No. (with code) .....

Height ..... Blood Pressure .....

Weight ..... Skin Infection .....

Past History of Hospitalization .....

General Physical Examination .....

Systemic Examination .....

#### Medical Certificate

(To be filled by Medical Practitioner)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does she suffer from any kind of sudden attacks or loss of consciousness or giddiness from any cause?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does she show any evidence of being addicted to the use of drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does she suffer from any infectious disease which could cause a problem to her as well as other during her stay in the Hostel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does she show any symptoms of Psychiatric Ailment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has she been vaccinated against Typhoid, Hepatitis B, Tetanus?   | <input type="checkbox"/> | <input type="checkbox"/> |

Certified that I have examined Ms. .... D/o Sh. ....  
of class ..... and found her fit to join the course of studies for the session  
July, 20 ..... to May, 20 .....

Place .....

Date .....

Signature of Medical Officer with Seal