

INTERNATIONAL MEDICAL AND TECHNOLOGICAL UNIVERSITY

MEDICAL EXAMINATION CERTIFICATE FORM

Name Height
 Age Address Weight
 Past History Family History

PHYSICAL EXAMINATION

Vision RT eye
 LT eye

1) Respiratory System:

- i. ENT
- ii. Chest
- iii. Lungs
- iv. Chest X-ray

2) Cardiovascular System:

- i. BP
- ii. Pulse rate
- iii. Heart

3) Digestive:

- i. Liver
- ii. Spleen

4) Central nervous system

- i. Reflexes

5) Urinary Track System

- i. Kidney
- ii. Bladder

Has the candidate been treated for psychological or nervous illness has the candidate been successfully vaccinated

LABORATORY ANALYSIS

Urine	-	Microscopy	-	Pregnancy Test
		Multisticks		
Stool	-	Microscopy Serology	-	Khan Test.....
Blood	-	HGB	-	Widal test.....
	-	ESR	-	Elisa Test
	-	WBC-Total	-	TB Test.....
	-	Differential		
	-	RBC		
	-	Platelets		
	-	Blood Group		

I certify that I have examined the above patient and consider that he/she is physically and mentally fit/unit for student/ travel/ Abroad/ Employment.

Date Signature

Section Designation