

## MEDICAL FITNESS CERTIFICATE FORMAT

**Note: A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner of a Govt. Hospital in the prescribed Proforma, as given below on a Letterhead of the Hospital.**

### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Ms./Mr. ....who is desirous of admission to B. Sc. Nursing Course. He/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

- (1) Absence of any in incapacitating and/or progressive systematic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a student of B. Sc. Nursing.

ADDRESS OF THE REGISTERED  
MEDICAL PRACTITIONER

SIGNATURE

NAME:

REGISTRATION NUMBER:

SEAL OF REGISTERED MEDICAL  
PRACTITIONER:

DATE: