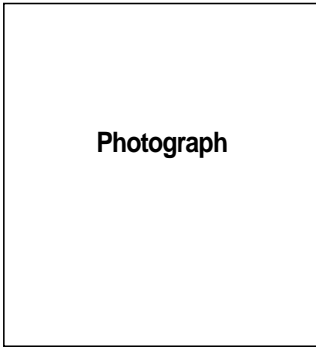


MEDICAL CERTIFICATE

[to be submitted by admitted candidates at the University of Bhimber]



No.: _____ Dated: _____

Place of Issue: _____

Application No.: _____

Name of Candidate: _____

Father's Name: _____

Sex: _____ Date of Birth: _____

Identification Marks: _____

Medical Examination

Type of Examination		Results
Eye	Vision	R. Eye
		L. Eye
	Color Vision	
Ear	R. Ear	
	L. Ear	
Chest X- Ray		
Systematic Examination		B.P.
		Heart
		Lungs
		Abdomen
Others	Hernia	
	Extremities	
	Varicose Veins	
	Skin	
Veneral Diseases:		Clinical:
Neurological / Psychiatric evaluation		

Laboratory Investigation

Type of Examination		Results
Urine	Sugar	
	Albumin	
Stool Routine Examination		
C/P Blood with ESR		
HIV/ HBV/ HCV		

History of Past Illness

Any history of admission in hospital more than ten days	Yes / No	Syncope	Yes / No
Epilepsy	Yes / No	Asthma	Yes / No
D. M.	Yes / No	Tuberculosis	Yes / No
PU	Yes / No	Hydrocele	Yes / No
IHD	Yes / No	Hernia	Yes / No
Stroke	Yes / No	Vericocele	Yes / No
Operation	Yes / No	Foreign Visit	Yes / No
Blood Transformation	Yes / No	Vaccinated	Yes / No

Remarks _____

Counter Signed by: _____
Medical Superintendent, DHQ

Signature & Official Seal: _____
Civil Medical Officer