## **ANNEXURE - H**

## **MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead**or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS	
This is to certify that I have	conducted clinical examination of Mr./Ms
	who is desirous of admission to Health Science
Courses.	
He/she has not given any personal history of any disease 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.	
Certified that he/she fulfills the following criteria.	
<ol> <li>Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li> <li>Absence of any disability of upper limb/s.</li> <li>Absence of any major visual/ auditory disability.</li> <li>Absence of psychosis/neurosis/mental retardation,</li> <li>Ability to maintain erect posture,</li> <li>Reasonable manual dexterity.</li> <li>Though, following deviations have been revealed, in my opinion, these are not impediments to</li> </ol>	
pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy /	
Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing.	
(Strike, which is not applicable):	
1	
2	
3	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date :	Seal of Registered Medical Practitioner