

Medical Fitness Certificate

Roll No/Registration No:	
Name:	(Photograph)
Father's Name:	
Gender:	
Age:	J
1. Weight:(kg)	Height: (cm) BP
2. Blood group:	3. Lungs:
4. Heart:	
5. Vision: Left Eye Ri	ight Eye Details of Glasses (if worn):
7. Any Impediment in Speech:	
9. Any Neurological / Psychiatric disease, (if ye	es, please give details)
10. Suffering from Hepatitis B / Hepatitis C / HI	IV (AIDS)
	ast:
12. Vaccinated (Yes/No/Partially)	
	s, please give details)
14. Allergies if any:	
15. Any Communicable / Contagious Disease:	
16. Mark of Identification:	
 17. I certify that (tick ✓ the relevant) a) I have not been tested positive for COVI b) If positive date of test Duration of treatment from 	
•	Son / Daughter of
•	pplicant for admission to Undergraduate/ Postgraduate Program s any physical or mental disease and is FIT for undertaking
Signature of Doctor with legible seal	Signature of Candidate (In presence of Doctor)
PM & DC No:	
Dated:	Dated:

Note for Candidate: Please present your medical fitness certificate at the concerned NUST College/School at the time of joining.

MEDICAL STANDARDS FOR ADMISSION

Study at NUST demands good physique and stamina. An applicant must have sound health so as to bear the strain of the course.