MOUNT ZION BIBLE SEMINARY

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MEDICAL CERTIFICATE OF PHYSICAL FITNESS

Name: _____ Age: _____ Gender: ☐ Male ☐ Female

HISTORY OF ANY PREVIOUS ILLNESS/MEDICATION

Jaundice: _____

Tuberculosis: _____

Congenital disorders: _____

Rheumatic Heart Disease: _____

Epilepsy: _____

Respiratory disorders: _____

GENERAL PHYSICAL EXAMINATION:

ENT Examination: _____

Eye: _____

Cardio-vascular system: _____

Respiratory system: _____

Abdominal examination: _____

Central nervous system: _____

LABORATORY EXAMINATION:

BLOOD Hb, TC, PC, ESR: _____

VDRL: _____ RBS: _____ Blood Group: _____

HBsAg: _____

STOOL – Occult blood: _____

Ova/Cyst: _____

URINE – Micro: _____

SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT:

As per my knowledge, the candidate is physically fit for an intensive study. Date: _____

Name: _____ (Doctors signature and Reg. No) _____

Address: _____

Street: _____ Town/City: _____

State: _____ Pin code: _____ Country: _____

Phone with STD/ISD Code: _____ Email: _____

To the Applicant: Please enclose all the reports of the medical examination along with your application form.