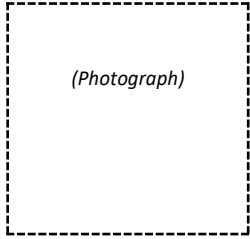




Medical Fitness Certificate

Roll No/Registration No: _____
Name: _____
Father's Name: _____
Gender: _____
Age: _____



1. Weight: _____ (kg) Height: _____ (cm) BP _____
2. Blood group: _____ 3. Lungs: _____
4. Heart: _____
5. Vision: Left Eye ----- Right Eye ----- Details of Glasses (if worn): -----
6. Hearing: -----
7. Any Impediment in Speech: -----
8. Any Disability: -----
9. Any Neurological / Psychiatric disease, (if yes, please give details). -----
10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) -----
11. Any significant Disease Diagnosed in the past: -----
12. Vaccinated against COVID-19 (Yes/No/Partially). -----
13. Taking any medicine on regular basis (if yes, please give details). -----
14. Allergies if any: -----
15. Any Communicable / Contagious Disease: -----
16. Mark of Identification: -----

I certify that I have examined Mr / Ms ----- Son / Daughter of -----
----- who is an applicant for admission to Undergraduate/ Postgraduate Program
at NUST and could not notice that he / she has any physical or mental disease and is FIT for undertaking
studies.

<i>Signature of Doctor with legible seal</i>	<i>Signature of Candidate (In presence of Doctor)</i>
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.