

**MAHARSHI DAYANAND UNIVERSITY, ROHTAK**

**Dean Students' Welfare office**

**MEDICAL CERTIFICATE**

Name: .....

Father's Name: .....

Address: .....

.....

.....

Date of Birth : .....Single/Married.....

1 Parent/Past illness of Significance .....

2 Injuries/Operation undergone and present condition .....

.....

3 Any known allergy to drugs or foodstuff.....

.....

4 Blood Group No.....

.....

5 Is the Applicant suffering from any of the following diseases :

i) An infectious Disease Yes/ No

ii) A Skin Disease Yes/ No

iii) Mental Disease Yes/ No

iv) Heart Trouble Yes/ No

v) Asthmatic Yes/ No

vi) Any Other Disease / Defect Yes/ No

6 I, on this date ..... have examined Mr./Ms.....and

Found him/her medically fit / unfit to undergo the .....

Camp / Course / Activity.

Medical Officer

Registration Number & Designation

Date .....