



"बेटी बचाओ, बेटी पढ़ाओ"

# Jayoti Vidyapeeth Women's University, Jaipur

## CERTIFICATE OF MEDICAL FITNESS

(To be completed by parents prior to entry into the university)

### BIODATA

1. Name of Student: .....
2. Date of Birth: ..... Age.....
3. Name of Parent or Guardian: .....
4. Telephone: .....Emergency Local Contact No.....(if any)
5. E- Mail: .....

### MEDICAL HISTORY

Does your ward have any of the following conditions?

Asthma?	Yes..... No.....	Hypertension?	Yes..... No.....
Diabetes mellitus?	Yes..... No.....	Heart disease?	Yes..... No.....
Tuberculosis?	Yes..... No.....	Epilepsy/seizure disorder?	Yes..... No.....
Mental illness?	Yes..... No.....	Kidney disease?	Yes..... No.....
Liver disease?	Yes..... No.....	Allergies?	Yes..... No.....
Drug addiction?	Yes..... No.....	Any drug Allergies?	Yes..... No.....

If yes to any/ some of the above, kindly give details: .....

..... Is your ward presently on medication? Yes..... No.....

Kindly give details including names of medication and dosages .....

..... Name of the Doctor

..... and his/her contact no.....

..... F/O ..... hereby declare that all the above

mentioned details provided are correct and best of my knowledge and I am submitting all the related records with this Medical Certificate.

PLACE:.....

DATE:.....

NAME AND SIGNATURE OF MOTHER/FATHER

***Finally Medical Verification will be done by the University Hospital and noted by Hospital Co-ordinator.***

.....  
Signature (Authorised, University Hospital)

.....Date.....  
Signature (Hospital Co-ordinator)

**THE CANDIDATE MUST BE MEDICALLY FIT AS PER THE COURSE REQUIREMENT.**