



# JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR

Established by Govt. of Rajasthan under Act 17 of 2008 as per UGC Act, 1956

स्थापित : 2008  
"बेटी-बचाओ, बेटी-पढ़ाओ"

FORM - F

## 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:.....

NAME AND SIGNATURE OF MOTHER/FATHER

DATE:.....

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