

# MEDICAL FITNESS CERTIFICATE

(Attach with Form and submit to Gossner Theological College, Ranchi)

Ref./No. (if any) .....

Date: .....

## I. Details of the Candidate:

Name: .....

Date of Birth ..... Blood Group .....

Mobile/Phone Nos. ....

Email Id: .....

Address: .....

District .....State:.....Pin Code .....

## II. Personal Health information (please tick):

1. Diet/Meals: (a) Veg ☐ (b) Non-Veg ☐ (c) Both ☐

2. Did a candidate meet any Serious Accident (if yes, explain): (a) Yes ☐ (b) No ☐

3. Allergy problem related to diet or anything ( if yes, explain): (a) Yes ☐ (b) No ☐

4. Anyone affected by a serious disease in the family (if yes, explain): (a) Yes ☐ (b) No ☐

## III. Health Check -up and submission of the Reports to the College:

1. ECG Report

2. Blood and Urine Test (For Hemoglobin and Sugar Levels)

3. Eyesight Test: (a) Right Eye .....(b) Left Eye .....

4. Height and Weight: (a) Height ..... (b) Weight .....

I, Doctor ..... certify (*with attached reports*)

that the above mentioned candidate's medical tests have been done with my best of knowledge.

Physician/Doctor's Name & Signature .....

Hospital Name .....

Place .....

Date: .....

*Seal*