

APPENDIX -3

PROFORMA- 2
for
Medical Fitness Certificate for
ANM (R) & GNM courses

Candidate's
photograph,
attested by the
Medical Practitioner

(A) Personal information:

1. Candidate's name (in BLOCK letters): _____
2. Father's /Guardian's name: _____
3. Date of birth: _____
4. Present address: _____

5. Permanent address: _____

(B) History of illness:

1. Past and present illness:
2. Family history:

(C) Physical examination:

1. Height:
2. Physical built:
3. Deformity:
4. Posture and gait:
5. Condition of skin and mucous membrane:
6. Teeth and gum
7. Hearing:
8. Mental alertness:
9. Blood pressure
10. Pulse and respiration
11. Urine test for Albumin and Sugar:
12. Blood test for TC, DC, ESR and Hb%:
13. Vision: Right eye: Left eye:
14. Heart:
15. Lung (X-ray chest):
16. Abdomen (Liver and Spleen)
17. Menstrual History (For female candidates):

(D) "I hereby certify that I have examined Mr./Ms. _____, a candidate for ANM(R)/GNM training course and I couldn't discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except _____. I do not consider this a disqualification for the said training.

According to the statement of Mr./ Ms. _____, he/ she is _____ year old and by appearance he/ she is about _____ year old".

In view of the above findings, the candidate is

a) FIT **OR**

b) Unfit on account of _____ **OR**

c) Temporarily unfit on account of _____

Full signature of the candidate with date

Place:

Date:

Signature of the Medical Practitioner

Name:

Degree:

Registration No.

Official seal: