



RAWALPINDI WOMEN UNIVERSITY

Satellite Town, Rawalpindi

CERTIFICATE OF MEDICAL FITNESS (For Hostel)

(To be obtained only from Registered Medical Practitioner)
TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of Candidate: _____ (in block letters)

University/College Roll No: _____ Date of Birth: _____

Father's Name: _____ Signature of Candidate: _____

Medical Report

Blood Group: _____ Height: _____ Weight: _____

Vision: L _____ R: _____

Hearing: _____

Any communicable/chronic disease: _____

Any other disease/Medical History: _____

Allergies, if any _____ Any drug allergy: _____

Family history of any illness _____

Have you ever hospitalized or had a major operation? Yes No

If YES, Please explain: _____

Have You had any serious injuries and/or broken bones? Yes No

Have you ever received a blood transfusion? Yes No

Are you currently taking medication? Yes No

If yes, please state: _____

Any Other remarks:

I certify that Ms. _____ daughter of _____ is

Physically, mentally & psychologically fit for studying and staying in the University Hostel.

Name & Signature of Medical Officer with legible seal: _____

Registration Number: _____ Date: _____

I hereby declare that in case of any concealment of medical history or any other medical problem, the university or hostel administration will not be responsible for my health loss. It is my own responsibility to take care of myself and avoid all such activities which can harm my mental and physical health

Name of Student: _____

Signature: _____