

GOLDEN CROWN THEOLOGICAL COLLEGE
389, Electrical Colony, Full Nagarjan, Dimapur, Nagaland 797112

MEDICAL FITNESS CERTIFICATE

Please fill the form in BLOCK LETTERS with blue or black pen

NAME _____

BLOOD GROUP _____ EYESIGHT RIGHT/LEFT _____

MEDICAL HISTORY _____

KNOWN DISEASE _____

KNOWN MEDICAL ALLERGIES _____

KNOWN PREVIOUS SURGERY _____

GENERAL REMARKS _____

I, Dr _____ hereby certify that I have examined Mr. / Ms _____

And cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity except__ I consider him/her physically and mentally Fit/ Unfit for studies as a residential student. His/ her age according to her statement is _____ and by appearance about _____ years.

DATE

PHYSICIAN'S SIGNATURE

SEAL

PLACE

NAME