

MEDICAL FITNESS CERTIFICATE
(to be issued by a Registered Civil Surgeon)

GENERAL VCI REGULATIONS (F.No.12-5/2015-VCI 8th July, 2016 at Part III of 7(10)) : *A candidate shall not be allowed admission to Bachelor of Veterinary Science and Animal Husbandry degree course including those admitted under 15% reserved quota of Veterinary Council of India if he or she suffers the following disabilities, namely :-*

- (a) disability of total body including disability of chest or spine more than 50%,*
- (b) disability of lower limb of more than 50%,*
- (c) disability of upper limb*
- (d) visually handicapped candidates and those with hearing disability,*
- (e) candidates with progressive diseases like myopathies etc.*
- (f) disabilities which otherwise would interfere in the performance of the duties of a veterinarian.*

PERSONAL HISTORY

1. Name : _____
2. Parent / Guardian's Name: _____
3. Date of birth _____
4. Gender : Male / Female
5. Identification mark on the body. if any (This can be a mole, scar or birthmark)
 - a. _____
 - b. _____
6. Major illness / operation, if any (specify nature of illness / operation)

Signature of the Candidate

MEDICAL CERTIFICATE

(the following are to be filled by the Medical Officer conducting the medical examination)

1. Height: _____ cm
2. Weight: _____ kg
3. General Physical fitness status :
 - a. Past History
 - i. Mental Retardness etc. : _____
 - ii. Epileptic Fit : _____
 - b. Chest (a) Inspiration : _____ cm (b) Expiration: _____ cm
 - c. Blood Group : _____ cm
 - d. General Fitness consists of following standards : Normal If no specify the defect
 - i. Complete Blood Tests including HIV test : Yes or No
 - ii. Complete Urine Tests : Yes or No
 - iii. Chest X-ray : Yes or No
 - iv. ECG : Yes or No
 - v. Vision : Yes or No
 - vi. Auditory functions : Yes or No
 - vii. Speech functions : Yes or No

4. Whether differently abled (Physically Challenged) : **Yes or No** (If yes specify the defect and mention the percentage disability)

- a. Disability of total body including disability of chest or spine : _____%
- b. Disability of lower limb : _____%
- c. Disability of upper limb (Must be normal) : _____%
- d. Visually handicapped and hearing disability : _____%
- e. Progressive diseases like myopathies etc. (Furnish the details if any) : _____

5. Any other defects: _____

CERTIFIED that _____ Son / daughter of _____

(a) fulfills the prescribed standard physical fitness and is FIT for admission to BVSc & AH

(b) does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit for admission due to following defects

i. _____

Signature of the Candidate

Signature of the Civil Surgeon

Place :

Full Name : _____

Date

Medical Registration No: _____

Address :

Official Seal