



# SRI SRI UNIVERSITY

Sri Sri Vihar, Bidyadharpur, Arilo, Ward No. 3, Cuttack, Odisha , India - 754006

## ANNEXURE - 1 Medical Fitness Form

**NAME OF THE CANDIDATE:**

Pulse		/Min	Height		Cms
BP		Mm/ Hg	Weight		Kgs
Bodily Infirmary			BMI		
Communicable Disease			Built		
Pallor	Icterus	Clubbing	Cyanosis	Lymphadenopathy	Oedema
Tonsils		Glands		Teeth	
C V S	Heart Sounds			Murmurs	
R S	Breath Sounds			Added Sounds	
G I S	Liver		Spleen		Any Mass
C N S	Cranial Nerves		Motor System		Sensory system
G.U.S. (Male)	Hydrocele		Piles		Phymosis
G.U.S.(Female)	Menstrual History				
Skin					
Hearing		Vision (NV/ DV) Normal / Corrected (Power)			
Other Findings/ remarks if any.					

\_\_\_\_\_  
(Signature of the candidate)

\_\_\_\_\_  
(Signature of the Parent)

I do hereby certify that I have examined Mr./ Ms. .... , a candidate for student of Sri Sri University, Cuttack whose signature is given above, does not suffer from any communicable disease, otherwise or constitutional affection or bodily infirmity.

I also certify that, he / she has been vaccinated and had booster against Hepatitis A, B, TT, Typhoid,

Chicken pox and Measles.

Name of the Doctor :

Signature of the Doctor :

Designation :

Date and Place :

Seal with Reg. No. :

Photograph of the candidate to be affixed and attested by the Doctor.