



**SREE SANKARACHARYA UNIVERSITY OF SANSKRIT**  
**Kalady, Kerala**

**MEDICAL CERTIFICATE**

(To be certified by Registered Medical Practitioner)

1. Name :
2. Sex :
3. Height :
4. Weight :
5. Physical appearance :
6. CNS :
7. CVS :
8. Respiratory System :
9. Liver :
10. Spleen :
11. Hernia sites :
12. Throat :
13. Ears perforation/discharge :
14. Hearing :
15. Speech :
16. Vision :
17. Any other abnormality/deformities :  
(Such as Kyphosis, Lordosis, Scoliosis,  
Knock knees, Flatfoot, Obesity, etc)
18. History of Epilepsy, Asthma, TB, VD,  
Allergy, etc:

Certified that I have carefully examined Sri./Kum. ....  
..... aged ... .. and recorded my observations  
as above.

I certify that he/she is fit/not fit to undergo training in physical education and  
sports, which involves strenuous physical activities.

Signature of the candidate:

Signature of the Doctor:

Name:

Reg. No:

Address: