SHAHEED BENAZIR BHUTTO WOMEN UNIVERSITY PESHAWAR
Asamia Road, Near Qila Bala Hisar, Peshawar
Phone .No: 091-9239634
Date:_____

MEDICAL FITNESS CERTIFICATE

Students must have the section overleaf signed by a medical Practitioner

I, _____ (name in full) D/O _____
Date of Birth_____ student of department of _____
hereby declare that I have never suffered, nor suffer currently, from any of the following, which I understand may create, or lead to, a dangerous situation during my studies/stay in the hostel.

Identification marks _____

Blood group and RH factor of the applicant.

(a) Blood Group _____ (b) RH factor_____

Personal health history: Do you have a *present* or *past* history of:

(check all that apply)

	□ Depression	□ Hernia	□ Sickle Cell Trait/Anemia
□ ADD/ADHD	□ Diabetes	□ High cholesterol	□ Sinus trouble
	□ Disability/handicap	□ HIV disease	□ Skin problems (chronic)
□ Anemia	□ Drug abuse	□ Hypertension	□ Sleep problems
□ Arthritis	□ Ear infections	□ Hypoglycemia	
□ Anxiety	□ Eating disorder	□ Indigestion	□ Surgery
□ Asthma	□ Eye disease	□ Joint disease/injury	
□ Back problems	□ Fainting spell	□ Low blood pressure	□ Thyroid disease
		□Measles (rubella)	□ Tuberculosis
□ Bleeding disorder	□ Gallbladder trouble	□Meningitis	□ Ulcer
□ Blood transfusion	□ Gastritis/reflux	□Migraine headache	□ Urinary Tract Infection
□ Broken bone(s)	□ GYN problems		□ Other (list) _____
□ Cancer	□ Hay fever/allergies	□ Mumps	_____
□ Chicken pox	□ Head injury	□ Paralysis	_____
□ Chronic diarrhea	□ Headache (recurrent)	□ Pneumonia	_____
□ Constipation	□ Heart murmur	□ Pregnancy	_____
□ Heart problems	□ Hepatitis/Jaundice	□ Rubella (3-day measles)	_____

□ I have none of the above

I have answered all questions from my physician, Dr._____,
honestly and truthfully, and I was forthcoming with Dr._____regarding any physical or mental condition that would have a bearing upon my Physical or Mental Assessment.

Signature of the Student: _____
Enrollment Number: _____
Date: _____

CERTIFICATE OF MEDICAL FITNESS

I Certify that:

I have personally examined the applicant, Ms/Mrs._____ based on the examination, I certify that she is in good mental and physical health and is free from any physical defects which may interfere with her studies including the active outdoor duties.

Physician's name: _____

Physician's stamp & signature: _____

Clinic Address & Phone Number: _____

Date: _____

FOR OFFICIAL USE ONLY

Student Name:_____ D/O_____

Department Name: _____ Semester: _____

Campus: _____

Hostel's Name: _____Room Number: _____

Warden's Remarks: _____

_____

Warden

_____

Provost