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MEDICAL CERTIFICATE

NAME:

AGE:

WEIGHT (Kg) HEIGHT(Cm) BMI

(a) PHYSICAL EXAMINATION

General Appearance

.....
.....

Abnormalities Noted

Disability if any

(b) VITAL SIGNS

B.P. Pulse Rate

Respiration Temperature

(c) SIGHT

Without glasses

With glasses

(d) HEARING

RT Ear LT Ear

(e) CIRCULATORY SYSTEM

Cardiac Activities

Hypertension

Hypotension

Spleen & Liver

(f) INVESTIGATIONS

Stool Urine Hb

Date Doctors Sign

Official Rubber Stamp