



## DEPARTMENT OF PHYSICAL EDUCATION

**HIMACHAL PRADESH UNIVERSITY**  
**NAAC ACCREDITED 'A' GRADE UNIVERSITY**  
**SUMMER HILL, SHIMLA-171005**  
**Contact No: 0177-2633673/ 674**  
**Email id: physicaledu.hpu@gmail.com**

### CERTIFICATE OF MEDICAL FITNESS

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College and must be brought by the candidate at the time of admission.

1. Name of the Candidate: .....

2. Father's Name: .....

3. Mother's Name: .....

4. Sex: (Male/Female): .....

5. Height: .....

6. Weight: .....

7. Identification Mark: .....

8. Blood Group: .....

Photo  
(To be attested by the  
Doctor signing  
certificate)

9. (a) In your opinion, does the applicant have any physical disability which would be an obstruction for him/her in performing vigorous physical activity? Yes/No

(b) Does the applicant suffer from any respiratory disorder? Yes/No

(c) Does the applicant suffer from any defect of vision? Yes/No

(d) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colors, red and green? Yes/No

(e) Does the applicant suffer from any defect of hearing? Yes/No

(f) Does the applicant suffer from any state of hypertension? Yes/No

(g) Has the applicant any neuro-muscular defect or epilepsy or loss of Yes/No

memory which would be an obstruction for him/her in performing vigorous physical activity?

Certified that the candidate possesses the medical standards given above and is medically fit for the physical education profession.

Place: .....

Date: .....

Signature and Designation of the  
Authorised Medical Officer with the seal