



# MEDICAL CERTIFICATE

Image Passport Size

No. UET/Disp/\_\_\_\_\_ Dated: \_\_\_\_\_

Place of Issue: **UET, Taxila**

Name of Employee: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Identification Mark: \_\_\_\_\_

### Medical Examination

Type of Medical Examination		Results	
Eye	Vision	R. Eye	
		L. Eye	
	Color Vision		
Ear	R. Ear		
	L. Ear		
Chest X-Ray:			
Systematic Examination	B.P		
	Heart		
	Lungs		
	Abdomen		
Other	Hernia		
	Extremities		
	Varicose Veins		
	Skin		
Venereal Diseases:			
Neurological / Psychiatric evaluation:			

### Laboratory Investigation

Type of Investigation		Results	
Urine	Sugar		
	Albumin		
Stool Routine Examination			
C/P Blood with ESR			
HBV / HCV			

### History of Past Illness

Any history of admission in hospital more than ten days	No	Syncope	No
Epilepsy	No	Syncope	No
D . M.	No	Tuberculosis	No
PU	No	Hydrocele	No
IHD	No	Hernia	No
Stroke	No	Vericocele	No
Operation	No	Foreign Visit	No
Blood Transfusion	No	Vaccinated	No

Remarks :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fit / Unfit

Signature: \_\_\_\_\_

**Senior Medical Officer UET, Taxila**