

RAMAKRISHNA MISSION VIDYAPITH, DEOGHAR, JHARKHAND

Medical Certificate (2018)

TO BE FILLED IN BY THE REGISTERED MEDICAL PRACTITIONER

(Please fill the form in block letters & present it at the time of **Interview**)

Candidate Name :

Roll :

Guardian's Name :

1. Eyes and Eye Sight: (Far/Near, Vision, Sph, Cyl, Axis)

Right Eye:.....

Left Eye:.....

2. Immunisation History

	1	2	3	Booster
B C G				
D P T				
Q P V				
M V				
Other				

Choice of Antibiotics:

Sensitive to.....

.....

Sensitive/ Hypersensitive to:

.....

.....

3. History of any diseases from which the boy has suffered in the past. Write other reasons for special medical care: (if you have any investigation report, please attach herewith)

4. Family History: (Health of Parents, Brother & Sisters)

.....
Signature of Guardian & Date

.....
Signature of Medical Practitioner
with Registration No., date & stamp