

**UNIVERSITY OF ENGINEERING AND TECHNOLOGY TAXILA**  
**MEDICAL CERTIFICATE (ENTRY 2023)**

[TO BE SUBMITTED BY THE SELECTED CANDIDATES ONLY]

Photograph of the candidate
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No. \_\_\_\_\_ Date: \_\_\_\_\_

Place of Issue \_\_\_\_\_

Application No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

**Gender:** \_\_\_\_\_

**Age:** (on 15<sup>th</sup> August 2023): Years \_\_\_\_ Months \_\_\_\_ Days \_\_\_\_

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
Others	Hernia	
	Extremities	
	Varicose Veins	
	Skin	
Venereal Diseases:		Clinical:
Neurological / Psychiatric evaluation		

**Laboratory Investigation**

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

**History of Past Illness**

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

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIT / UNFIT**

Signature & Office Seal: \_\_\_\_\_

**UNIVERSITY OF ENGINEERING AND TECHNOLOGY TAXILA**  
**Proforma for Medical History for Entry 2023**

Part -A

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

CNIC: \_\_\_\_\_ Cell: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Gender: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Part -B

Family history of any medical psychiatric illness	
Past medical and surgical history if any	
History of substance use in family	
Decreased appetite and loss of weight	

Part -C

Overall general physical health and appearance	
Height	
Weight	
Blood Pressure	
Temperature	
Pulse Rate	
Respiratory Rate	
Any obvious structural abnormality on inspection	
Any superficial cuts, needle marks, or burn marks on skin	

Signature & Office Seal: \_\_\_\_\_

Date: \_\_\_\_\_