

TAPMI Manipal
Admissions 2017 – PGDM / HCM / BKFS 2017-19

Medical Certificate Proforma

TAPMI Appl.No. _____ Name: _____

Age: _____ Gender: Male / Female

Health Complaints (Blood Sugar, Respiratory issues, Asthma, Specific Allergy, Thyroid, etc. any other complaint please specify):

Previous history of significant illness (viz.Minor/Major Surgeries etc. any other illness please specify):

Previous history of any injuries/accidents prevailing currently: Yes No

Examination carried out:

Anaemia..... Jaundice..... Oedema..... JVP.....

BP..... mm of Hg, Pulse...../min Body Weight.....

Height..... Smoking Status (Y/N). Lymph nodes

CVS: Heart sounds Murmur RS: Normal / Abnormal

Abdomen: Liver palpable / Not palpable Kidneys palpable / Not palpable

Spleen palpable / Not palpable

CNS: Normal / Abnormal

Blood Report (including type of Group): _____

LDL..... HDL..... Triglycerides..... Total Cholesterol.....

Sugar Levels

CLINICAL IMPRESSION: Normal

If any abnormality is detected add a note and advice relevant investigation.

Abnormality: _____

The candidate is fit to pursue a two year rigorous full time residential programme at TAPMI.

Date:

Signature of Physician

Place:

Seal: