

**LEONARD THEOLOGICAL COLLEGE**  
**Admission Form - VI**  
**MEDICAL FITNESS CERTIFICATE**

NAME:  
AGE;

GENERAL CONDITION:

WIEGHT:

HEIGHT:

SKIN:

EARS:

EYES:

Rt.

Lf.

CARDIO-VASCULAR SYSTEM:

HEART:

PULSE:

B.P.:

Hb:

RESPIRATORY SYSTEM:

LUNGS:

Nose:

X-Ray:

Alimentary System:

Mouth & Pharynx:

Teeth:

Liver:

Abdomen:

Spleen:

Stool Examination:

Genito-Urinary System:

Albumin:

Urine:

Sugar:

Nervous System:

Glands:

Blood Group:

HIV-AIDS Test Result: (Attach pathologist's Report)

Remarks & Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature & Seal of the Doctor

Registration No.

Name of the Doctor:

Address: