



**SCOTT CHRISTIAN UNIVERSITY
CERTIFICATE OF HEALTH FORM (FOR APPLICANT)**

(This Certificate of Health is to be completed by the applicant and a medical doctor)

NAME OF APPLICANT (IN CAPITAL LETTERS) _____

PART I

The following questions are to be answered by the applicant before taking the physical examination:

1. Have you ever been an in-patient in hospital or dispensary suffering from any disease or injury?
_____ if so, give details.

2. Apart from above, have you ever received medical treatment for any serious disease or injury?
_____. If so, give details.

3. Is there any disease or illness that bothers you regularly such as:

Hay fever? _____

Diabetes? _____

Stomach ulcers? _____

Headache? _____

Persistent cough? _____

Frequent diarrhea? _____

Skin eruption (sores)? _____

Other (specify) _____

4. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble?
_____ if so, give details.

5. Have you had any recent notable weight loss? _____

6. Do you have any family members or close friends who have been diagnosed as having
HIV/ AIDS? _____

To the best of my knowledge, I have answered the above questions fully and truthfully.

Date: _____ Signature of Applicant _____

PART II

The following questions are to be answered by a Medical Doctor or duly authorized clinical officer.

Does the above named Applicant report or show any symptoms of the following? If so, give details:

1. Any infectious or contagious disease? _____

2. Any chronic disorder or asthma, hay fever, diabetes, etc _____

3. Any ailment (stomach ulcers or allergies) that might prevent him/her from eating a normal diet?

4. Any ailment or disability that would make him/her unable to take part in sports or normal physical activities? _____

5. Any evidence of impaired vision? _____ Hearing? _____

I hear by certify that I have examined the above named person and that in my professional opinion he/she is
Fit / unfit for the activities in the above school.

Signature: _____

Date: _____

Full Name: _____

Designation: _____

Postal Address: _____

Telephone/Mobile No: _____

Official Rubber Stamp: