

MEDICAL FITNESS CERTIFICATE

The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead**:

Demographics:

Name: _____

Height **Weight** **Vision** **Age**
Hearing **Blood group** **Heart rate** **Lungs**

S.No	Condition	Yes / No
1	Presence of any incapacitating and /or progressive systemic disease /disorder/ condition	
2	Any disability of upper limb/s	
3	Any major visual/ auditory disability.	
4	Psychosis/neurosis/mental retardation	
5	Ability to maintain erect posture	
6	Reasonable manual dexterity	
7	Any recent surgeries	
8	Any other diseases diagnosed in the past	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Mswho is desirous of admission to MSc Yoga Course. He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo Masters in Yoga (MSc) course at S-VYASA University.

Name of the Doctor

Registration Number

Signature

Seal of registered medical practitioner

Declaration by the student: Incase, the student fails to attend the course/examination because of undisclosed information about any of his/her previous illness not stated in the medical certificate, the university has right to terminate her course without returning the paid fees.

I _____ agree to the above condition and I affirm that the information given by me is true.

Date:

Signature of the student