



MEDICAL FITNESS CERTIFICATE

1. Name of the Candidate in full _____

2. Date and place of Examination _____

3. Pertinent Medical history (Particularly about T.B and other infections, Operations undergone, Headache, Epilepsy etc.)

4. Is there any tendency of Asthma or other respiratory problem?

5. Mention physical handicap, if any

6. a. Height _____ b. Weight _____ c. Blood Group _____

7. Are there any dietary digestive or intestinal difficulties? If so explain: _____

8. General opinion of health

Good _____ Fair _____ Poor _____

9. Any additional remarks or comments:

Having personally and thoroughly examined Mr. / Ms. _____
a candidate for Lakeview Bible College and Seminary, I hereby certify to the best of my knowledge
that he/she is free from diseases that could endanger others and is physically fit to carry on with
the proposed studies.

Signature of the Doctor

Official Stamp