

**Medical Certificate for NEET UG 2021 qualified candidates**

Roll No. \_\_\_\_\_

Application No. \_\_\_\_\_

NEET UG 2021 All India Overall Rank \_\_\_\_\_

I, Dr. \_\_\_\_\_ have examined Mr./Ms  
\_\_\_\_\_ son/daughter of  
\_\_\_\_\_, residing at  
\_\_\_\_\_ (verified from  
Aadhar card / passport / voter card / school or college ID card), a candidate for admission into the  
Medical Dental / Ayush UG degree college in Bihar for 2021-22 admission session and observed as  
follows:-

1. Personal mark of identification: \_\_\_\_\_
2. Apparent age \_\_\_\_\_ years
3. Any history of Pulmonary Tuberculosis \_\_\_\_\_ yes/no (put tick to appropriate one)
4. Chest measurement:
  - a) Normal respiration \_\_\_\_\_ cm
  - b) In full inspiration \_\_\_\_\_ cm
  - c) In full expiration \_\_\_\_\_ cm
5. Height \_\_\_\_\_ cm
6. Weight \_\_\_\_\_ Kg
7. BMI \_\_\_\_\_
8. Eye sight visual acuity:
  - a) Right eye \_\_\_\_\_
  - b) Left eye \_\_\_\_\_
  - c) Colour blindness \_\_\_\_\_ present / absent (put tick to appropriate one)
9. Immunization status \_\_\_\_\_ (whether up to date as per latest National Immunization Schedule)
10. COVID-19 Vaccination: First Dose/Both Dose (put tick to appropriate one)
11. General physique \_\_\_\_\_
12. Heart \_\_\_\_\_
13. Lungs \_\_\_\_\_
14. Abdominal examination \_\_\_\_\_
15. Blood Group \_\_\_\_\_ Rh \_\_\_\_\_
16. Any neurological deficits \_\_\_\_\_

17. Any orthopedic disability \_\_\_\_\_

18. Biochemical test HIV (+ve / -ve), Hepatitis A/B/C (+ve / -ve) status

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying UG Medical Course

I consider the above candidate Fit / Unfit to join his/her Medical UG Institution (please put tick to appropriate one)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Candidate to past recent passport size photograph on which Medical Practitioner has to attest**

Signature of Registered Medical Practitioner

Registration No. \_\_\_\_\_

Council of Registration: \_\_\_\_\_

Contact No.: \_\_\_\_\_

