



GREAT HARVEST THEOLOGICAL INSTITUTE

(Accredited by Asia Theological Association)

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Medical Certificate

(To be filled by only a registered medical practitioner)

1. Name of the applicant: _____
- Age: _____ Height: _____ Weight: _____ Blood Group: _____
2. How is the candidate's eyesight? _____
3. Glasses recommended: _____
4. How is the candidate's hearing? _____
5. What is the condition of the candidate's teeth? _____
6. Does the candidate have any contagious skin disease? _____
7. Is there any sign of heart disease? _____
8. How is the general physical condition? _____
9. Are there signs of tuberculosis? _____
10. Is there any evidence of venereal disease? _____
11. Does the candidate suffer from epilepsy or fits? _____
12. Does the candidate suffer from malaria? _____
13. Does the candidate have any contagious disease? _____
14. Has the candidate suffered from any chronic illness? _____ If yes, specify

15. Is the candidate suffering from hypertension or any family history of diabetics or asthma? _____
16. Is the candidate suffering or showing any symptoms of jaundice, allergy, or intolerance to drugs?
_____ Has the candidate been immunized against the following?

Typhoid:

Date:

Tetanus:

Date:

Cholera:

Date:

17. Have you taken Corona Vaccination? _____, Please provide certificate along with the documents

Having personally given a thorough examination to Mr./Mrs./Miss _____

I hereby certify that to the best of my knowledge, he or she is free from all contagious and infectious diseases.

Other remarks if any: -----

Doctor's Name : _____

Date : _____ Doctor's Signature with Seal

Contact Number: _____