



BUSHIANGALA TECHNICAL TRAINING

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MEDICAL EXAMINATION CERTIFICATE

NAME:

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COURSE TO BE

UNDERTAKEN:

1. EYE AND VISION

Unaided Left	
Unaided Right	
Colour Blindness	
Visual Field	

2. EAR, NOSE & THROAT

Is Nasal breathing habitual Adenoid	
Hearing voice - Right /Left	

3. MOUTH & TEETH

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4. CHEST & HEART (With special reference to any Tubercular Tendencies)

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5. SPINAL COLUMN

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(a) Urine

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(b) Faeces

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6. Liver

Biles and Varicose veins

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Any other weakness, defect or disease: e.g. Defects of speech, twitching or spasm, chorea or other nervous disorders, Venereal diseases or Rheumatic Tendon.
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Name of Hospital:

Name of Medical Practitioner
Signature:

Address: **Date/Stamp:**

NOTE: This form MUST be filled by a Registered Medical Practitioner and submitted to the registrar's office during admission.