



Pakistan Institute of Engineering and Applied Sciences
Nilore, Islamabad, 45650 Pakistan

Medical Fitness Certificate

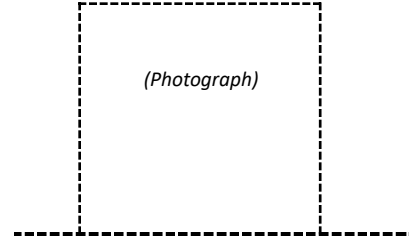
PIEAS Registration No: _____

Name: _____

Father's Name: _____

Gender: _____

Age: _____



1. Weight: _____ (kg) Height: _____ (cm) BP _____

2. Blood group: _____ 3. Lungs: _____

4. Heart: _____

5. Vision: Left Eye ----- Right Eye ----- Details of Glasses (if worn): -----

6. Hearing Problem (Yes/No):

7. Any Impediment in Speech:

8. Any Disability:

9. Any Neurological / Psychiatric disease, (if yes, please give details). -----

10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS)

11. Any significant Disease Diagnosed in the past:

12. Vaccinated (Yes/No/Partially). -----

13. Taking any medicine on regular basis (if yes, please give details). -----

14. Allergies if any:

15. Any Communicable / Contagious Disease:

16. Mark of Identification:

17. I certify that (tick ✓ the relevant)

a) I have not been tested positive for COVID-19.

b) If positive date of test _____

Duration of treatment from _____ to _____.

c) I have been vaccinated against COVID-19 (Partially/Completely)

d) Date of 1st vaccination: _____; date of 2nd Vaccination _____; Vaccine received _____

I certify that I have examined Mr / Ms -----Son / Daughter of -----

----- who is an applicant for admission to Undergraduate Program at PIEAS and

could not notice that he / she has any physical or mental disease and is FIT for undertaking studies.

Signature of Doctor with legible seal	Signature of Candidate (In presence of Doctor)
PM & DC No:	
Dated:	Dated:

Note for Candidate: Please present your medical fitness certificate at PIEAS at the time of registration/ joining.

MEDICAL STANDARDS FOR ADMISSION

Study at PIEAS demands good physique and stamina. An applicant must have sound health so as to bear the strain of the course.