

Pothohar Cadet College Chakwal

MEDICAL FITNESS FORM

*Medical Performa in respect of applicant for admission to
Pothohar Cadet College Chakwal*

Paste Passport
Size Photograph

Cross Attestation
by the Doctor

(To be filled in by the Civil Surgeon / Medical Officer of a Civil / District Hospital)

1. What is the apparent age of the applicant?
2. Is epilepsy, Vertigo or any other ailment likely to affect his efficiency?
3. Is he suffering from TB or Br. Asthma, Liver GIT?
4. Is he suffering from hepatitis B or C carrier of the VIRUS?
5. Does the applicant suffer from any heart or lung disorder which might affect his performance and activities/studies?
.....
6. (a) Is there any defect of vision? Is it corrected by glasses?
..... (b) Does the applicant suffer from degree of deafness
which could prevent his hearing? (c) Does the applicant suffer from night blindness or
colour blindness?
7. Has the applicant any deformity or loss of memory which would interfere with the efficient performance of his
activities/studies?
8. Is he suffering from any mental / Psychological disorder?
9. Does he show any evidence of addiction or any other drink, tobacco etc?
10. Is he, in your opinion, fit to study in Cadet College:
 - a. Physically fitness?
 - b. Height/Weight?
 - c. Eyesight?
 - d. Hearing Defect?
11. Mark of identification (1) (2)
12. Doctor's Remarks

I certify that the applicant namely S/O Is the person
herein above described and his photograph is attached, is the same candidate.

Signatures _____

Name _____

Designation _____

PMDC Registration No. _____

Signature and Thumb

Impression of the Applicant