



MEDICAL CERTIFICATE

CHIL CHIL BAPTIST COLLEGE & SEMINARY

KKANGLATONGBI, WEST IMPHAL-795163, MANIPUR, INDIA

Phone No. 03880-266548, email: ccts77@yahoo.co.in

1. Name of the candidate in full:
2. Date of examination:
3. Place: Age: Sex:
4. Marital Status:
5. Pertinent medical history (Please enquire particularly about T.B. and other infections disease, nervous disorder, diabetes, operations undergone etc.).
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6. All applicants must be vaccinated against Smallpox and Tetanus before they arrive at the institute and must bring certificates of such immunization.

Immunization

Date of last Inoculation

Typhoid: Cholera:

Smallpox: Tetanus:

7. General appearance of health:
8. Height:
9. ENT: Sinuses:..... Ear:
- Eyesight: Rt. Lt. Glass.
10. Heart Rate B.P.
11. Laboratory: A, Haemoglobin Grams% Blood group

Having personally and throughly examined :
 a candidate for admission to Chil Chil Theological Seminary, I hereby certify that to the best of my knowledge, he/she is free of disease which would endanger others and physically fit to carry on with the proposed studies.

Remarks:

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