

Luther W. New Jr. Theological College

Kulhan P.O., Sahastradhara Road,

Dehradun, Uttarakhand 248001

Personal Health Questionnaire & Medical Certificate

*(Before you see a doctor to obtain the medical certificate, kindly read the following questions **CAREFULLY** and answer them by circling either 'Yes' or 'No')*

Full Name (In Block Letters): _____

Programme for which you are applying: _____

1	Can you read without glasses?	Yes	No
2	Have you ever had tuberculosis?	Yes	No
3	Have you suffered from chest pain?	Yes	No
4	Have you ever had rheumatic fever?	Yes	No
5	Have you ever coughed up blood?	Yes	No
6	Do you have good hearing?	Yes	No
7	Have you ever been treated/undergoing treatment for (mental) illness?	Yes	No
8	Do you often catch severe fever or cold?	Yes	No
9	Do you have joint pains?	Yes	No
10	Do you have frequent cough?	Yes	No
11	Are you allergic to any medicines?	Yes	No
12	Do you have any skin disease?	Yes	No
13	Do you suffer from severe depression?	Yes	No
14	Is your appetite good?	Yes	No
15	Do you suffer from diabetes?	Yes	No
16	Have you ever had jaundice?	Yes	No
17	Do you frequently have loose motions (diarrhea)?	Yes	No
18	Do you have any heart problem?	Yes	No
19	Have you had fainting attacks?	Yes	No
20	Do you suffer from asthma?	Yes	No
21	Have you ever had fits/convulsions?	Yes	No
22	Have you ever had any surgery?	Yes	No
23	Do you consider yourself healthy enough to undergo theological training in a place where you will have to be exposed to different climatic conditions?	Yes	No

Medical Certificate

(To be filled by a registered medical practitioner)

Name of the applicant: _____

Age: _____ Height: _____ Weight: _____ Blood Group: _____

How is the candidate's eyesight? _____

Glasses recommended: _____

How is the candidate's hearing? _____

What is the condition of the candidate's teeth? _____

Does the candidate have any contagious skin disease? _____

Is there any sign of heart disease? _____

How is the general physical condition? _____

Are there signs of tuberculosis? _____

Is there any evidence of venereal disease? _____

Does the candidate suffer from epilepsy or fits? _____

Does the candidate suffer from malaria? _____

Does the candidate have any contagious disease? _____

Has the candidate suffered from any chronic illness? _____

If yes, specify: _____

Is the candidate suffering from hypertension or any family history of diabetics or asthma? _____

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:

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

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

Other remarks if any: _____

Doctor's Name: _____

Date: _____

Doctor's Signature with Seal