

MEDICAL FITNESS CERTIFICATE

POLICE TRAINEES AT POLICE TRAINING COLLEGE, HANGU/TRAINING SCHOOLS

Name _____ S/D/W _____ CNIC _____

Gender _____ Age _____ District _____

Belt No. _____ Cell/PTCL No. _____

1. Any Major Complaints?	
2. Blood Test/CBC. (Any anomaly noted?)	
3. Chest- X-Rays (Any sign of Asthma, Pneumonia, TB, infection, etc noted?)	
4. Urine Test (Any anomaly for Diabetes, Haematuria, Pus cells, Urea/Creatinine, etc noticed?)	
5. ECG: Has the candidate normal Pulse Rate, normal Heart Beat and Normal Blood Pressure?	
6. Any Deformity (Congenital /Acquired) / Fractured bones ?	
7. Ultra-sound (Any anomaly for Kidney Stones, Gallbladder Stones, Fatty-liver, etc noticed ?)	
8. Is in your opinion, the candidate fit physically to undergo various training activities .e.g; Running, Hiking, Jumping, Rope Climbing, PT, Parade, Games , etc?	

Note: All medical /clinical tests must be attached with this report for record /reference in this College/Training Schools.[Form can be accessed online <https://kppolice.gov.pk/> & <https://kpptchanqu.gov.pk/>]

Doctor's Name _____ Signature _____

Stamp _____ Date _____