

MEDICAL/PRE-EXERCISE FITNESS PROFORMA

Name:

Age:

Sex:

Address :

Paste
Attested
Photograph

Email Mob. No.....

(A) History

1. Any H/o Previous Illness
2. Any H/o Medication
3. Any H/o Convulsions
4. Any H/o Heart Disease (Cyanotic or Acyanotic)

(I) General Examination:

1. B.P:
2. Pulse Rate:
3. Lymphadenopathy:
4. Any Physical Disability(If Yes please mention): Yes/No

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(II) Cardiovascular Examination:

Inspection: Any abnormal chest movements

Palpation:

Auscultation: Any murmur /NIL

Remarks: Fit/Unfit (to be circled) for the physically activity /exercises.

Date:

Name of the Doctor & Signature
With Seal