

	QUALITY MANUAL Scheme for Voluntary Certification of Yoga Professionals		MUDRA YOG CERTIFICATION
	HEALTH FITNESS CERTIFICATE		
Version No.1	28 02 2017	Rev. No. 00	MYC/F/PM/06/3.1/05
PREPARED BY: MR		APPROVED BY: CEO	

Health Fitness Certificate Format for Certification as Yoga Professional

Pre-Certification Health Check Up

Name:

Age:

Gender:

Cell Phone Number:

E-mail ID:

The aforementioned is has underwent pre-certification health check at He / She found to have following diagnosis

Recommended / Not recommended to work as Yoga Professional

This is valid for 6months from the day of issue of this form.

Date:

Signature of the Medical Officer
Registration No.
Seal

Signature of the Yoga Professional

(Pl note: Candidate must be physically fit at the time of Examination if found unfit will not be allowed to appear for exam even if this certificate is valid)



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Professionals

**MUDRA YOG
CERTIFICATION**

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MEDICAL EXAMINATION FORM

Name:		DOB:	
GENERAL EXAMINATION			
Identification Mark:		Date of Examination:	
Height:	Weight:	Pulse per minute:	
Chest expansion:	Inspiration:	Expiration:	
Family History:			
History of past illness:		Major	
		Minor	
Present ailment being treated:		For	At
Eyes:	Vision with Glasses	Rt. Lt.	By
			Rt. Lt.
C.N.S			
Lungs			
Heart			
Hernia			
Blood Pressure			
Systolic:		Diastolic:	
*M.M.R. or X-ray of Chest:			
*Blood	E.S.R.	HB	Group
*Limbs	Normal	Not Normal	Type
*Above 40 years	ECG	Normal	Not Normal
*Above 40 years	Blood Cholesterol	Type	
*Above 40 years	Fasting blood Sugar	Reading	

PRE-MEDICAL HISTORY INFORMATION / DECLARATION

Respond with Yes or No

1. Whether you have undergone any surgical operation in the past?	
2. Do you take medicines regularly?	
3. Do you have any body deformity or defect?	
4. Do you have any problem of Rheumatism / Asthma / Joint pain?	
5. Do you have any large veins in your legs, thighs (varicose -veins)?	
6. Do you have any hearing problem?	
7. Have you ever had any skin disorder?	
8. Fracture or broken bone	
9. Diabetes	
10. Fainting spells	
11. Heart troubles or High Blood Pressure	
12. Injury to knee joints	
13. Paralysis or weakness in arms or legs	
14. Tuberculosis	
15. Rheumatism	