

# MEDICAL FITNESS CERTIFICATE

Name(in Block letters) :

Father's Name:

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Group & Rh. Factor \_\_\_\_\_ Chest \_\_\_\_\_

Heart & Lungs \_\_\_\_\_ Vision : L : \_\_\_\_\_ R: \_\_\_\_\_

Colour vision \_\_\_\_\_ Hearing; \_\_\_\_\_

Hernia/Hydrocele/Piles \_\_\_\_\_

I certified that I have carefully examined

Sh/Km/Smt \_\_\_\_\_ son/daughter

of Sh. \_\_\_\_\_ who has signed in my

presence. He/She has no mental and physical disease and is fit.

Sign. Of the Candidate

Sign. Of Medical Officer

With seal