

PHYSICAL FITNESS CERTIFICATE

(To be issued by a Registered Medical Practitioner)

1. Name _____
2. Parent/Guardian's Name _____
3. Age _____ Years _____ Months _____
4. Gender _____
5. Identification mark on the body, If any
 - a) _____
 - b) _____
6. Major illness/Surgery, if any _____

(Specify nature of illness/surgery)

CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

1. Height _____ cm 2. Weight _____ kg 3. Hearing _____
4. Vision with or without glasses
 - a). Right Eye _____
 - b). Left Eye _____
5. Heart
 - a). Sounds _____
 - b) Murmur _____
6. Lungs _____ 7. HIV test Result _____
8. Any other defects _____

Certified that _____

Son/daughter _____

Is in sound physical health to pursue his/her higher studies

Signature of the candidate

Signature of the Medical Officer/
Practitioner with legible seal

Date : _____