

MEDICAL CERTIFICATE OF FITNESS

(FORMAT)

Certified that I have carefully examined Mr./Mrs. _____ S/o/D/o

_____ R/O _____

Height _____

Weight _____

Age _____

Eye-Sight _____

Blood pressure normal (Yes/No) please specify _____

Deformity if any, (particularly in hands) _____

On the basis of examine I certify that he/she is in good mental & physical health and is free from any physical deformity.

Any other remarks: _____

Signature of applicant _____

Dr. _____

Regn. No & Seal