

# **CERTIFICATE OF MEDICAL FITNESS**

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted) ]

Name (In Block Letters) .....

Parent / Guardian Name .....

Sex Male / Female

Blood Group (Optional) .....

Height .....cm

Weight .....kg

Chest: Exp.....cm

Insp.. .....cm

Heart .....

Lungs .....

Vision .....

Hearing .....

Hernia / Hydrocele / Varicocele/Piles, etc: .....

Any Other Disease Diagnosed in the Past: .....

Allergies, if any .....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/Kum/Smt.....,

A candidatefor .....and whose signature is given below

and that I could not notice that he/she has any disease, constitutional affection, bodily infirmity or

mental unsoundness.His/Her age according to his/her statement is .....

year and by appearance about ..... years.

**Signature of the Candidate**

Place .....

**Signature:of the Medical Officer**

Date .....

Name: \_\_\_\_\_

Office Seal

Designation: \_\_\_\_\_

Registration No. \_\_\_\_\_