

CERTIFICATE OF MEDICAL FITNESS

To be obtained from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking.
(Please note that in no other form this certificate will be accepted. Medical certificates issued by Private Registered Medical Practitioners will also be accepted.)

To be fill in Block Letter

Name.. ..

Admission No Class

Aadhar No of student:

Mother's Name:

Father's Name:

Blood group Height.....

Chest:

Heart and Lungs:

Vision: L: R:.....

Colour Vision:

Hearing:

CWSN, Specify.....

Allergies, if any.....

List of prescribed medication, If any

1.....

2

3.....

Any other Remarks:.....

I certify that I have carefully examined Mr./Mrs.
son / daughter of Mr./Mrs.....
who has signed in my presence. He / she has no mental and physical disease and is FIT.

Signature of the Parent

Signature with seal and Date