

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 FILLED 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
medically fit.

Signature of the Parent

Signature with seal and Date