

PHYSICAL FITNESS AND HEALTH CERTIFICATE

I/We hereby certify that I/We examined
Sri/Smt./Kumari _____
_____ a candidate for employment
_____ Course and cannot discover that he/she has
any disease, communicable or otherwise constitutional affection or bodily infirmity except
that his/her weight is an excess below the standard prescribed except

I do not consider this a disqualification of the employment or service he/she seeks.

I/We also certify that her/She has marks of small-pox or vaccination.

His/Her age according to her/his own statement is
_____ Years and by appearance about
_____ Years.

1. Height : _____ Feet _____ inches _____

2. Weight : _____ Kgs. _____

3. Chest measurements

a) On full Inspiration _____ b) On full expiration

Acuteness of Vision

Appearance

Fitness for out door work

Personal Marks of Identification:

1) _____

2) _____

Place :

Date:
Authority

Signature of Medical

Regd. No.