

PHYSICAL FITNESS CERTIFICATE

Name :
Age :
Sex :
Height :
Weight :
Birth Marks :

Present & Past Medical History:

- Anemia :
- Jaundice :
- Seizures :
- Communicable diseases :
- CNS :
- Allergies :
- If any :

Investigations:

- CBC :
- HB :
- Blood Grouping :
- Urine Routine :



I certify that student to be **FIT / UNFIT** to undergo the course.

Date:

Signature of the Medical Officer