

MEDICAL CERTIFICATE

1. Name _____
2. Age _____
3. Weight _____
4. Date of last vaccination, TAB, cholera inoculation _____
5. Chest Expansion _____
6. Push Rate _____
7. Blood pressure _____
8. Condition of upper limbs, toes & feet _____
9. Urine examination _____
10. Eyes / Ear / Throat _____
11. Blood Group _____
12. Applicants should not have Asthma, Epilepsy or other fits and major deformity, hernia and chronic disease.
13. Any Allergies (medicine, food etc)

In my opinion Mr./Miss/Mrs.....whose signature are given below is fit to undergo.....course.

Signature of Applicant

Signature with seal of Medical Officer

Date:.....

Place:.....

Note: - The Medical Officer should be an MBBS and give his/her registration number issued by Medical Council of India.