

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:

Signature of Medical Authority
Regd. No.