

# PHYSICAL FITNESS CERTIFICATE

(To be issued by a Registered Medical Practitioner)

1. Name \_\_\_\_\_
2. Parent/Guardian's Name \_\_\_\_\_
3. Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_
4. Gender \_\_\_\_\_
5. Identification mark on the body, If any
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
6. Major illness/Surgery, if any \_\_\_\_\_ (Specify nature of illness/surgery)

## CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

1. Height \_\_\_\_\_ cm      2. Weight \_\_\_\_\_ kg      3. Hearing \_\_\_\_\_
4. Vision with or without glasses
  - a). Right Eye \_\_\_\_\_
  - b). Left Eye \_\_\_\_\_
5. Heart
  - a). Sounds \_\_\_\_\_
  - b) Murmur \_\_\_\_\_
6. Lungs \_\_\_\_\_      7. HIV test Result \_\_\_\_\_
8. Any other defects \_\_\_\_\_

Certified that \_\_\_\_\_

Son/daughter of \_\_\_\_\_

Is in sound physical health to pursue his/her higher studies

Signature of the candidate

Signature of the Medical Officer/  
Practitioner with legible seal

Date : \_\_\_\_\_