



MEDICAL FITNESS CERTIFICATE

Dated On:

I Dr..... Certify that I have carefully examined Mr. / Mrs

Son/Daughter of Address: whose signature is given below?

Based on the examination, I certify that he is in a good mental and physical health and is free from any physical defects which may interfere with his professional work including the active outdoor duties required for a professional purpose.

Blood Group: _____

Mark of Identification: _____

Signature: _____

Sincerely

Dr Name: _____

Degree Achieved: _____

Designation: _____

Institute: _____

Cell: _____