



MEDICAL FITNESS CERTIFICATE

Dated On:

I Dr...(Dr Name)..... 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.

Sincerely

Dr Name: _____

Degree Achieved: _____

Designation: _____

Institute: _____

Cell: _____

Blood Group: _____

Mark of Identification: _____

Signature: _____