

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have examined

(son of Shri

and have found him fit mentally, physically and emotionally to be admitted in a residential School. He is not suffering from any contagious, constitutional or hereditary disease or infirmity.

Blood Group

Heightm.....cm Weight.....kg.....gm

Chest : Normalcm..... Expandedcm

Waist Eyes Teeth

Tonsils Skin Phimosis

Hernia Hydroceles Heart

Lungs Liver Spleen

Vaccination

Past history of illness, if any

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Special remarks, if any

Signature of Medical

Practitioner

Name :

Registration No. :

Date :