

MEDICAL CERTIFICATE

(To be certified by Registered Medical Practitioner)

- 1. Name :
- 2. Sex :
- 3. Height :
- 4. Weight :
- 5. Physical appearance :
- 6. CNS :
- 7. CVS :
- 8. Respiratory System :
- 9. Liver :
- 10. Spleen :
- 11. Hernia sites :
- 12. Throat :
- 13. Ears perforation/discharge:
- 14. Hearing :
- 15. Speech :
- 16. Vision :
- 17. Any other abnormality/deformities (Such as Kyphosis, Lordosis, Scoliosis, Knock knees, Flatfoot, Obesity, etc):
- 18. History of Epilepsy, Asthma, TB, VD, Allergy, etc:

Certified that I have carefully examined Sri./Kum.
..... aged
and recorded my observations as above.

I certify that he/she is fit/not fit to undergo training in physical education and sports, which involves strenuous physical activities.

Signature of the candidate:

Signature of the Doctor:

Name:

Reg. No:

Address: