

## PHYSICAL FITNESS AND HEALTH CERTIFICATE

I/We hereby certify that I/We examined Sri/Smt./Kumari \_\_\_\_\_

\_\_\_\_\_ a candidate for employment \_\_\_\_\_

Course and cannot discover that he/she has any disease, communicable or otherwise constitutional affection or bodily infirmity except that his/her weight is an excess below the standard prescribed except \_\_\_\_\_

I do not consider this a disqualification of the employment or service he/she seeks.

I/We also certify that her/She has marks of small-pox or vaccination.

His/Her age according to her/his own statement is \_\_\_\_\_

Years and by appearance about \_\_\_\_\_ Years.

1. Height : \_\_\_\_\_ Feet \_\_\_\_\_ inches \_\_\_\_\_

2. Weight : \_\_\_\_\_ Kgs. \_\_\_\_\_

3. Chest measurements

a) On full Inspiration \_\_\_\_\_ b) On full expiration \_\_\_\_\_

Acuteness of Vision \_\_\_\_\_

Appearance \_\_\_\_\_

Fitness for out door work \_\_\_\_\_

Personal Marks of Identification: 1)

\_\_\_\_\_

2) \_\_\_\_\_

Place:

Date:

Signature of Medical Authority

Regd. No.