

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Master./Ms.* _____
son/daughter of Shri/Smt. _____ whose signature is given
below.

Based on the clinical examination, I certify that he/she is in normal state of Health and free from any communicable or non communicable disease/illness or physical defects/infirmity which may interfere with his/her schooling including the active outdoor activities.

The immunization status and records are up-to date as per Universal Immunization Programme (UIP)/ IAP Immunization Schedule.

Signature of the Parent _____

Place:

Date:

Name & signature of the Medical Officer

with seal and registration number

* Strike whichever is not applicable