MEDICAL FITNESS CERTIFICATE

(To be completed by a medical Practitioner in Govt. Service)

Name of the Student :

Date of Birth :..... Class to which the child is to be admitted.....

School where the student last attended :.....

Parent's Name & Occupation :.....

:.....

Age :..... Height :..... Weight :.....

Chest inspiration :..... Chest expiration :.....

Abdomen :..... Oral Hygiene & Teeth :.....

C.V.S.: ..... Ear, Nose, Throat :.....

C.N.S. :..... Immunization Status :.....

RE:.....

Vision :..... BCG :.....

LE:..... Polio :.....

Blood Group :..... DPT :.....

If any deformity, Its nature & extent :.....

If any operation, particulars :.....

(Date, Nature, Results, Condition of Scars)

Marks of Identity 1.....

2.....

Other Remarks & Recommendations: .....

.....

Signature, Name and Designation
of Examining Physician

Name and Signature of
the Parent

Note to the Parents : Parents should specially mention in the above column whether Hearing or Vision is impaired and any other problem which the student is prone to suffer or special attention to be given.