

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined

Mast./Ms. _____

son/daughter of Mr./Mrs. _____

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 UIP / IAP Immunization Schedule.

Place : _____

Date: _____

Signature of the Parent

Name and Signature of the Medical Officer
with seal and registration number