

Dear Parent,

You are requested to submit a Medical Fitness Certificate (specimen as under) issued by a Registered Medical Practitioner with qualification of MBBS or above. **It is mandatory to fill all the details mentioned in the format given below.**

**MEDICAL FITNESS CERTIFICATE**

Name of the Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Session \_\_\_\_\_ Class \_\_\_\_\_

Father's Name \_\_\_\_\_

Telephone No (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

Delhi \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

**GENERAL EXAMINATION-**

1. Blood Group \_\_\_\_\_ 2. Hb gm % \_\_\_\_\_

3. Height in cms \_\_\_\_\_ 4. Weight in kg \_\_\_\_\_

5. Pulse rate \_\_\_\_\_ 6. Respiratory rate \_\_\_\_\_

7. Is the child allergic to any medicine - \_\_\_\_\_

\_\_\_\_\_

8. Has the child been hospitalized ever, if so specify the ailment & period of hospitalization-

\_\_\_\_\_

\_\_\_\_\_

9. Please submit history of any previous disease, If yes, is the child on regular medication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Any other abnormality/ Learning disability observed-

\_\_\_\_\_

\_\_\_\_\_

11. Is the child vaccinated as medically required? Yes / No

**Doctor's note and fitness verification-**

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name - \_\_\_\_\_ Regn No. \_\_\_\_\_

Signature- \_\_\_\_\_ Date- \_\_\_\_\_

Stamp- \_\_\_\_\_