

Dear Parent,

You are requested to get the following Medical Fitness Certificate filled and 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(cms): _____ 4. Weight(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: _____