**PHYSICAL FITNESS AND HEALTH CERTIFICATE**

I/We hereby certify that I/We examined Sri/Smt./Kumari\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a candidate for employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course and cannot discover that he/she has any disease, communicable of otherwise constitutional affection or bodily infirmly except that his/her weight is an excess below the standard prescribed except \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do not consider this a disqualification of the employment or service he/she seeks.

I/We also certify that her/She has marks of small-pox or vaccination.

His/her age according to his/her own statement is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years and by appearance about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years.

1. Height : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_inches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Weight :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kgs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Chest measurements
4. On full Inspiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b) On full expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ad cuteness of Vision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fitness for out door work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Marks of Identification: 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place :

Date: Signature of Medical Authority

Regd. No.