

PHYSICAL FITNESS & 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 her/his own statement is-----

Years and by appearance about..... years.-----

1.Height:.....Feet.....inches.....

2.Weight:.....kgs.....

3.Chest measurements

A)On full Inspiration.....b)On full expiration.....

Aducteness of

Vision.....

Appearance.....

Fitness for out doorwork -----

Personal Marks of Identification:1).....2)

.....

Place:

Date:

Signature of Medical Authority

Regd.No.