

MEDICAL FITNESS CERTIFICATE

To whom so ever it may concern

This is to certificate that I have examined Mr. /Miss _____

He / She is suffering / not suffering from following Diseases

Asthma

Fits/Convulsions

Diabetes

Physical Disability

Hypertension

Mental Disability

Allergy

& have undertaken all vaccination.

Any other major disease (Please specify) –

I certify that Mr. / Miss _____ is physically, mentally &
Psychologically fit/unfit for _____ Programme.