

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 on his/her letter head

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- _____