

MEDICAL CERTIFICATE

NAME: _____ Daughter/son of _____.

GENDER: _____ CLASS & SECTION _____ DATE OF BIRTH: _____

ADMISSION NO. _____ ADMISSION YEAR _____

ADDRESS: _____

MOBILE NO _____ Height : _____ Weight : _____

Blood Group: _____ BP: _____ Pulse: _____

1. Student past illness of significance : _____
2. Injuries / Operations Undergone and Present Condition : _____
3. Any known allergy to Drugs or Food Stuff : _____
4. Is the applicant suffering from:
 - 4.1. Any Infection Disease Yes/ No : _____
 - 4.2. Any Skin Disease Yes/ No : _____
 - 4.3. Mental Disease Yes/ No : _____
 - 4.4. Asthma / Respiratory Illness Yes/ No : _____
 - 4.5. Any other Disparately Illness Yes/ No : _____

This is Certified that above mention student has been Medically Examined properly and found Physically and Mentally Fit and Well. She can participate in any Physical Activities.

Date : _____

Place : _____

Name of Doctor

(Signature & Seal)