

**CERTIFICATE OF MEDICAL FITNESS**

To be obtained any Govt./Registered Medical practitioner Having MBBS Degree.

Please note that this is the preferred form of certificate to be accepted.

NAME.....  
AGE.....MALE/FEMALE.....D.O.B.....  
ADDRESS.....  
MOB. NO. ....  
FOR JOB TYPE FIELD .....

**HISTORY/CASE**

- 1) Known Case of Thyroid...../ Diabetes...../ B.P...../ Sugar..... |
- 2) Use of Spectacles Yes...../ No..... |
- 3) Any Addictions Alcohol.....Cigarette.....Others..... |
- 4) Any Specific Disease.....
- 5) Any Hereditary Disease.....
- 6) Any Gynecological Complaint.....
- 7) Any Vision L ..... R .....
- 8) Color Vision.....
- 9) Hearing.....
- 10) Hernia/Hydrocele/Piles.....
- 11) Heart & Lungs.....
- 12) Operation/Disability/AnyOther.....
- 13) Any Mental Complaints.....
- 14) Any Medical Treatment from other Doctors.....

**PHYSICAL CHECK UP**

- 1) Height.....Weight.....Abdomen.....Chest.....
- 2) B.P. .... 6) CORONA History .....
- 3) Blood Glucose ..... 7) Vaccination Dates .....
- 4) Temperature ..... 8) Respiratory Rate .....
- 5) Pulse ..... 9) ANY OTHER .....

**REMARK & SUGGESTION**

*I here that I have carefully examined  
Mr. / Ms. ....Son/Daughter of  
Shri .....who has signed in my  
presence. He / She has no mental and physical disease and is FIT.  
Date : \_\_\_\_\_ Place : \_\_\_\_\_*

Candidate Signature Signature & Stamp of Govt./Registered Practitioner  
Having Degree with legible