

**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.