

# **MEDICAL FITNESS CERTIFICATE**

## **To whom so ever it may concern**

This is to certify 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.