



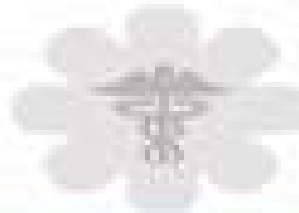
Word Group

MEDICAL FITNESS CERTIFICATE

I do _____ certify that I have carefully examined Mr./Mrs. _____, Son/Daughter of
_____ address _____ whose signature is given below.

Based on the examination, I certify that he is in a good mental and physical health and is free from any physical defects which may interfere with his professional work including the active outdoor duties required for a professional purpose.

Word Group
Mark of identification
Signature



University
Examiner
Degree followed
Designation
Institute
Cell

Medical Certificate Template