

## MEDICAL CERTIFICATE

Date : DD / MM / YYYY

Candidate Name : \_\_\_\_\_ Age : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

1. Sight a. Left Eye :

b. Right Eye :

2. Colour Blindness :

3. Hearing a. Left Ear :

b. Right Ear :

4. Height :

5. Weight :

6. Heart :

7. Lungs :

8. Blood Pressure :

9. Abdomen :

10. Infectious Disease :

11. Mark of Identification :

12. Blood Group :

13. Any other information, if any :

I know him / her since last \_\_\_\_ Years \_\_\_\_ months. He / She is medically & psychologically healthy and fit. The applicant's physique allows him / her to undergo physical strain if needed at workplace.

Place : City Name

Date : DD / MM / YYYY

Signature of Doctor  
& Stamp