



Medical Fitness Certificate for Employees



Full Name:	Father's / Husband Name:
Date of Birth	Gender:
CNIC No:	Contact No:

Address:		
Medical Examination		
Height:	Weight:	Blood Group:
Vision (Right eye):	Vision (Left eye):	Hearing:
Chest X-Ray		
Medical History		
Previous Medical Condition		Current Medication
Any Known Allergies		Surgical History
Physical Examination		
Pulse Rate:	Respiratory Rate:	Cardiovascular system:
Respiratory System:	Nervous System:	Musculoskeletal System:
Laboratory Tests		
Complete Blood Count	Urine test	Blood Sugar Level
Liver Function Test	Kidney Function Test	
Doctor's Remarks:		
Fit For Employment:		
UnFit For Employment: (Reason)		

Signature
(Stamp)