

**MEDICAL CERTIFICATE**

**Date:-**

**To whomsoever it may concern,**

This is to certify that Mr. /Ms. \_\_\_\_\_

\_\_\_\_\_Yrs./\_\_\_\_\_ Roll No./ID No. \_\_\_\_\_ is

examined by me. He/ She is physically fit and not suffering  
from any contagious/infectious disease/chronic illness.

This certificate is issued for the purpose of

\_\_\_\_\_.

positive findings found on (CVS/RS/CVS/Per Abdomen)

Systemic Examination if any \_\_\_\_\_

**Signature of Medical Officer**