

MEDICAL CERTIFICATE

1. Name: _____

2. Age: _____

3. Father's Name: _____

4. Permanent Address: _____

5. Mark of Identification: _____

Physical & Clinical Examination

1. Height: _____

2. Weight: _____

3. Blood Group: _____

4. Chest Measurement (Unexpanded and Expanded): _____ /

5. Eye Sight: _____ / _____

6. Color Blindness: Yes / No

7. Pulse: _____

8. Blood Pressure: _____

9. Heart Condition: _____

10. Mental Status: Normal / Abnormal

11. Abdomen: Normal / Abnormal

Mr/Mrs. was examined today and he is
Physical and mentally FIT/UNFIT.

SEAL

SING OF THE MEDICAL OFFICER