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Annexure-II
CERTIFICATE OF PHYSICAL FITNESS
(To be issued by a Medical Officer)

I, Dr. _____ (IMC. Reg. No. _____), do hereby certify that I have examined Mr./Ms. _____ a candidate for admission to the _____ and could not discover that he/she has any disease, constitutional affliction or bodily infirmity.

His/Her age according to his/her own statement is _____ years and by appearance about _____ years.

Personal Marks of identification.

1. _____
2. _____

a. Weight _____ b. Height _____

c. Chest measurement of full inspiration and expiration _____

d. Acuteness of vision* (in case where sight is corrected with glasses for each eye should be noted)

e. Whether any abnormality of heart or lung?

f. Whether affected with hernia, hydrocele, varicocele, piles etc?

g. Hearing whether normal?

h. General health and build: whether good?

N.B: Any defects, deformities or other disabilities when present should be noted in detail.

Station:

Signature:

Date :

Name:

Seal:

(A Registered Medical Practitioner not below the rank of an Assistant Surgeon)

* Acuteness of vision: Left Eye
Right Eye