(To be obtained from a registered Medical Practitioner with minimum qualification of MBBS)

MEDICAL FITNESS CERTIFICATE

This is to certify that, I have thoroughly and carefully examined Mr / Ms ……
…….…… Aged …… years and confirm the following.

Details	Remarks			Remarks / abnormality
Hearing	☐ Normal	☐ Abnormal		……
Vision	☐ Normal	☐ Abnormal		……
Color Blindness	☐ Yes	☐ No		……
Blood Pressure	☐ Normal	☐ High	☐ Low	……
Heart condition	☐ Normal	☐ Abnormal		……
Diabetic	☐ Yes	☐ No		……
Any disease	☐ Yes	☐ No		……
Any disability	☐ Yes	☐ No		……
Any History / major illness	☐ Yes	☐ No		……
Any other abnormality	☐ Yes	☐ No		……
Blood Group	……			

With the above,

I certify that, he is physically and mentally fit to work with any organization and recommended for –

☐ In-door office work only

☐ In-door and out-door work

☐ Heavy factory work

☐ All of above

I recommend following treatment and shall certify on his re-examination

……

Date:……

Place: …….

Name and Signature with Rubber Stamp
of Medical Practitioner