

## Medical Fitness Certificate Format :

Dated On:

### MEDICAL FITNESS CERTIFICATE

I Dr...(Dr Name)..... certify that I have carefully examined Mr./ Mrs  
....., Son/Daughter of ..... , address:  
..... whose signature is given below.

Based on the examination, I certify that he is in a good mental and physical health and is free from any physical defects which may interfere with his professional work including the active outdoor duties required for a professional purpose.

Blood Group:  
Mark of Identification:  
Signature:

Sincerely

Dr Name:  
Degree Achieved:  
Designation:  
Institute:  
Cell: