



Bal Bharati
PUBLIC SCHOOL

SEC-14, ROHINI, DELHI

MEDICAL FITNESS CERTIFICATE (2017-18)

Name of the child _____ Form No. _____

Date of Birth _____ Sex _____

Session _____ Class _____

Father's Name _____

Telephone No (Residence) _____ (Office) _____

Residential Address _____

_____ Delhi _____

Office Address _____

GENERAL EXAMINATION-

1. Blood Group* _____ 2. Hb gm % * _____

3. Height in cms _____ 4. Weight in kg _____

5. Pulse rate _____ 6. Respiratory rate _____

7. Is the child allergic to any medicine - _____

8. Has the child been hospitalized ever, if so specify the ailment & period of hospitalization-

9. Is the child on any regular medication- _____

Doctor's Note and Fitness Verification _____

Doctor's Name- _____

Signature & Date- _____

Stamp- _____