

**MEDICAL CERTIFICATE**

(To be certified by a Registered Medical Practitioner)

Name:..... Sex:.....

Height (in Centimetres): .....Weight (in Kg.): .....

Physical appearance and Musculature: .....

Robust/Average/Weak: .....

Previous fracture, joint injuries (give details): .....

Previous Surgery (If any – give details): .....

B.P: ..... Respiratory System: .....

C.N.S: ..... C.V.S: .....

Liver: ..... Spleen: .....

Hernia sites: ..... Throat: .....

Ears Perforation/discharge/any other (Mention).....Hearing.....

Eyes.....Vision with glasses.....

(Colour Blind Partial/Complete)

Any abnormality, physical defect or disability (such as Kyphosis, Scoliosis, Knock Knees, Flat Feet, Obesity).....

History of Epilepsy, Asthma, T.B., Allergy, etc.....

Sensitivity to drugs, if any.....

I certify that I have this day carefully examined (Name)..... and have recorded my observations as given above.

**I am satisfied that she/he is FIT / NOT FIT to undergo training in Life saving which will involve strenuous physical activities and competitive games.**

Seal & Signature of Medical Officer

Signature of the candidate

Date: ...../...../.....

Name: .....

Registration No.....

Address: .....

.....

.....