

# Health Fitness Certificate

This is to certify that the individual mentioned below has been medically examined for fitness.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medical Findings:** \_\_\_\_\_

It is certified that the above-mentioned person is found **physically and mentally fit** for participation in health and fitness activities as of this date.

\_\_\_\_\_  
Signature of Individual

Date: \_\_\_\_\_

\_\_\_\_\_  
Medical Officer

Reg. No.: \_\_\_\_\_

Date: \_\_\_\_\_