

## **Medical Fitness Certificate**

**Certificate Number:**

**Date:**

This is to certify that Mr./Ms./Mrs.

Son/Daughter of

aged

 years, gender  ,

has been examined by me today. In my opinion, he/she is physically and mentally fit/unfit for

**Remarks (if any):**

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

\_\_\_\_\_  
Signature & Stamp of Medical Officer

Name:

Reg. No.: